APPLICATION TO TAKE COURSES FOR TRANSFER CREDIT

Only fully completed forms will be processed

Name			Hampton University ID Number & Email			
Current address (street, city, state and zip code) AND University email address				Telephone Number		
Major field (and concentration, if any)				Catalog Year (Year of acceptance)		
Degree M.	B.A. M.A. M.S. M.T.	. □ Ed.S.	□ D.:	P.T.□ Ph.D.□		
_	enroll in the following course(s) at:					
Name of University			University Address			
Fall Spring Semester of which course will be	Summer taken	•	Year			
Course at other institution (course to be transferred)				Hampton University Equivalent Course		
Course Code/Number	Course Title	Credits	 	Course Code/Number	Credits	
			= =			
No online courses from outside in If the requested transfer course fr approved by the Assistant Provos	opy) from the transferring institution must astitutions will be approved as transfer cre om an outside institution is being offered at. a grade of "B" or better will be accepted	edit. at Hampton	Univers	•	then it must be	
Student's Signature	Date	Advisor's/F	rogram	Coordinator's Signature	Date	
	For Official Use	Only		Approved □ Denied □		
Graduate College Dean's Sig	nature Date		4	Approved in Delieu in		

* Required Supplemental Information must be included with this form. Please confirm that you have included the following information with this form

(Please	ase check, if completed)		
I have attached the Hampton University course descriptions from the academic catalo	g. YES []		
I have attached the <u>transfer institutions</u> ' course descriptions from their catalog.	YES []		
I have attached the <u>transfer institutions'</u> accreditation information.	YES []		
Student's signature Date			