

FAYETTEVILLE STATE UNIVERSITY
The Graduate School

**Request to Pursue Courses for Transfer to
Fayetteville State University**

TO: The Graduate School Dean

Name of Host Institution _____

Address _____
(Street) (City) (State) (Zip)

Student's Name _____ Banner ID: _____

Address _____
(Street) (City) (State) (Zip)

This student has approval to register during the _____ semester _____ (year) for the following course(s), credit to be transferred to the student's program at Fayetteville State University:

<u>Course & Number</u>	<u>Title of Course</u>	<u>Credits</u>	<u>FSU Equivalent</u>	<u>Credits</u>
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____



Dept. Chairperson/Director Date

Dean School/College Date

The Graduate School Dean Date

- CC: Student
 Department Chairperson/Director
 Dean of School/College
 The Graduate School Dean

TO THE STUDENT: PLEASE SEE INSTRUCTIONS ON THE REVERSE SIDE OF THIS FORM.

TO THE STUDENT

1. Please complete this form in consultation with your Department Chairperson/Director and Dean.
2. Submit the completed form to "The Graduate School".
3. Present the signed form to the host institution after it is returned to you by "The Graduate School".

NOTE:

The Graduate School policy permits a maximum of six (6) hours to be transferred to a degree program. Courses with a grade of "B" or above are eligible for transfer. Regulations governing the transfer of credit are set forth in the University Catalog. Approval to take courses for transfer to a degree program is conditional upon compliance with all limitations stated herein.

It is the student's responsibility to ensure in advance that courses will transfer, including making sure that the courses come within the overall limitation on the number of hours that can be transferred.

It is also the student's responsibility to request that an official transcript be sent to "The Graduate School" at Fayetteville State University at the completion of the course.

I have read the regulations governing transfer credit in the Graduate Catalog, and I understand that I bear the sole responsibility for meeting all of the conditions stated herein.

Signature of Student

Date