

**FAYETTEVILLE STATE UNIVERSITY
THE GRADUATE SCHOOL**

TRANSFER COURSE EVALUATION FORM

Name: _____ **Banner No:** _____

Address: _____ **Telephone:** _____

Major: _____ **Date of Program Entry:** _____

College and/or University from which courses are to be accepted

University or College

Dates Attended

_____	_____
_____	_____
_____	_____

College/University	Course Title	Date Course Taken	Credit Hours	FSU Credit Hours	Course Title

Total Credit Hours Transferred: _____

Advisor

Date

Department Chair/Director

Date

Dean of School/College

Date

Dean/Assistant Dean of The Graduate School

Date

Cc: Student, Advisor, Department Chair/Director, Dean of School/College, Dean of The Graduate School, and Registrar's Office (Original)