

FAYETTEVILLE STATE UNIVERSITY
THE GRADUATE SCHOOL

Transfer of Course(s) Evaluation Form

Name _____ Banner ID _____

Address _____ Telephone _____
(City) (State) (Zip)

Major _____ Date of Entry _____

COLLEGE AND/OR UNIVERSITIES FROM WHICH COURSES ARE TO BE ACCEPTED

University or College

Dates Attended

_____	_____
_____	_____
_____	_____
_____	_____

College/University	Crs#	Title of Crs	Cr	FSU Crs#	Cr

Total Hours Transferred _____

Advisor Date

Dean of School or College Date

Dept Chair/Director Date

Dean of the Graduate School Date

DISTRIBUTION: Student Chairperson/Director
 Advisor College/School Dean
 Registrar The Graduate School