

**UNIVERSITY OF SOUTH ALABAMA GRADUATE SCHOOL
GRADUATE CREDIT TRANSFER RECOMMENDATION**

NAME: _____ **J00** _____
 (Last) (First) (Middle) Student Number

Master’s Degree (indicate type) _____ or **Doctoral degree** (indicate type) _____

Institution (transferring hours from): _____ **Doctoral Program hours completed** _____

The student has completed _____ hours in residence at the University of South Alabama. Official transcripts showing these hours are on file in the Registrar’s Office. (Course work completed more than seven years prior to the date for graduation may not be counted toward master’s degrees. Time limits vary for doctoral degrees.)

It is recommended that the above-named student receive graduate transfer credit for the following courses (maximum 12 hours for Master’s. Doctoral hour transfer cannot exceed 50% of total degree hours):

Transferring Institution Courses:

USA Transfer Course Substitution Recommendations:

Term/ Year Taken	Prefix & Course #	Course Title	Credit Hours	Prefix & Course #	Course Title	Credit Hours	Elective	Non- program Elective

Total Credit Hours: _____

Total Program Elective Hours _____

Total Non-Program Elective Hours _____

Recommended:

Advisor: _____

Date _____

Dept. Chair _____

Date _____

Director, Graduate Studies _____

Date _____

Approved:

Dean of the Graduate School _____

Date _____