



REQUEST FOR TRANSFER OF GRADUATE CREDIT

Submit this form and all attachments electronically to [GRADDEAN@mailbox.sc.edu](mailto:GRADDEAN@mailbox.sc.edu)

Name:

Last                                      First                                      Middle Name                                      USC ID

School/College:  Major:  Degree:

<u>Course Number &amp; Title*</u>	<u>College/University Taken</u>	<u>Date Taken*</u>	<u>Grade *</u>	<u>#Hours</u>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Equivalent USC Course Number:

Rationale for Transfer:

This course(s) substitute for a core/required  or an elective  course(s).

**\*Please attach a course description, syllabus, transcript, and a Program of Study if not already on file in the Graduate School. Course work transferred must be dated within the six (6) year period for courses used in the master’s program and within in the ten (10) year period of courses used in the doctoral program and carry graduate credit with a grade of “B or better” from an accredited institution.**

**Program Director/Academic Advisor:**

Approve \_\_\_\_\_ Disapprove \_\_\_\_\_ Comments: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Graduate Director:**

Approve \_\_\_\_\_ Disapprove \_\_\_\_\_ Comments: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Dean of the Graduate School:**

Approve \_\_\_\_\_ Disapprove \_\_\_\_\_ Comments: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_