



Graduate Credit Transfer Request

Name: _____ Phone Number: _____

Email: _____ Date of Birth: _____

Program (circle one): MBA MED MAT MMED Ministry Other: _____

List below the courses you would like evaluated for transferred to North Greenville University:

University/College

All transfer credit awarded is solely the discretion of North Greenville University's Graduate School. Only courses that are germane to required courses of the applicant's program choice will be considered.

By signing below, I acknowledge that these transfer credits are pending, upon review and assessment from faculty and staff of the T. Walter Brashier Graduate School. I also acknowledge I am required to successfully complete two terms or nine credit hours at North Greenville University while maintaining at least a 3.0 GPA to finalize any transfer credit.

Signature

Date

