



AUGUSTA
UNIVERSITY

TGS TRANSFER AUTHORIZATION & REQUIRED COURSE SUBSTITUTION REQUEST

This form should only be used to request a transfer authorization and/or a course substitution for students enrolled in a TGS program.

PART 1: STUDENT INFORMATION

First Name: _____ Middle Initial: _____ Last Name: _____ Student ID: _____
Degree: _____ Major: _____ Concentration (If Applicable): _____

PART 2: REQUEST INFORMATION

Was this course completed at Augusta University? Is this transfer course a direct equivalent to a course at Augusta University?
No – Complete Section 1 No – Complete Section 1 & 2, then submit to both offices for processing.
Yes – Complete Section 2 Only Yes – Complete Section 1 Only

If this course is a transfer course, list the course description.

Section 1: Submit to The Office of Academic Admissions: admissions@augusta.edu

Institution Name	Required AU Course (Subject/Number/Title)	Course to be Transferred (Subject/Number/Title)	Grade	Credit Hours	Semester/Year the Course was Taken

Section 2: Submit to The Registrar's Office: jagtrax@augusta.edu

Area of Substitution	Required AU Course (Subject/Number/Title)	Course to be Substituted (Subject/Number/Title)	Grade	Credit Hours	Semester/Year the Course was Taken

Additional Information:

PART 3: REQUIRED SIGNATURES

Approve Deny _____
Remark: Program Director Printed Name Program Director Signature Date

Approve Deny _____
Remark: Course Director Printed Name Program Director Signature Date

Approve Deny _____
Remark: Academic Dean or Associate Dean Printed Name Academic Dean or Associate Dean Signature Date

Approve Deny _____
Remark: TGS Dean or Associate Dean Printed Name TGS Dean or Associate Dean Signature Date