

Office of the Registrar **Rains Hall** T: 706-446-1430 Email: jagtrax@augusta.edu

Office of Academic Admissions **Benet House** T: 706-737-1632 Email: admissions@augusta.edu

Graduate **Course Transfer Authorization Form**

Please complete the form below to transfer credit to a graduate degree program.

Student Information

Student	Student	Expected			
Name:	ID:	Graduation Date:			
Degree:	Major:	Concentration:			
_	-	(if applicable)			
Course Information					

Was this course completed at Augusta University? Is this transfer course a direct equivalent to a course at Augusta University? Yes -Complete Section 2 Only Yes - Complete Section 1 Only

No -Complete Section 1 No - Complete Section 1 & 2, then submit to both offices for processing.

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

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

Institution	Course to be Transferred	Semester/Year	Grade	Credit	Equivalent AU Course
Name	(Subject/Number/Course Title)	the course was taken		Hours	(Subject/Number/Course Title)
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Section 2--Submit to Office of the Registrar's Office: jagtrax@augusta.edu

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

Required Signatures

Approve	Deny	Program Director (Major)	Printed Name	Date
Remarks:				
Approve Remarks:	Deny	Course Director (Major)	Printed Name	Date
Approve Remarks:	Deny	Academic Dean (Major)	Printed Name	Date
Approve	Deny —	Dean/Associate Dean (TGS)	Printed Name	Date

Remarks:

Date Received: Completed By: Date Completed: Page 1 of 1