

FAYETTEVILLE STATE UNIVERSITY

GRADUATE SCHOOL

TRANSFER COURSE EVALUATION FORM

Name: _____

Banner Number: _____

Address: _____

Telephone Number: _____

Program: _____

Date of Program Entry: _____

College/University from which Courses are to be Accepted	Dates Attended

College/University	Course Number and Title	Date Course Taken	Credit Hours	FSU Credit Hours	Course Number and Title

Total Credit Hours Transferred: _____

Advisor

Date

Department Chair/Associate Dean

Date

College Dean

Date

Cc: Student, Advisor, Department Chair/Associate Dean, College Dean, and Registrar's Office (Original)