

Application for Transfer Credit

The student, _____, ID _____, has applied for transfer credit for the following course(s):

Course #	Course title	# of credits	School where taken
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Drexel equivalent(s)

Course #	Course title	# of credits	(Nominal) Instructor
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Graduate Advisor's Statement: I have consulted with the nominal instructor(s) for the course(s) listed and together we are recommending that the transfer credits be approved.

Name:

Signature:

Date:

* Please attach a copy each of the student's transcript, description of course(s) and/or syllabus(syllabi).