

## Graduate Student Transfer Credit Summary Form

Student Name \_\_\_\_\_ ID \_\_\_\_\_

Degree Program \_\_\_\_\_ Academic Area \_\_\_\_\_ # Credits Already Transferred: \_\_\_\_\_

Please enter the information for each column with the help of your advisor or academic area director. Return signed document to the Assistant to the Director of Graduate Programs. Please use a separate form for each college/university.

**This form must be accompanied by the transcript from the host school.**

FROM:			TO:
			Catholic University of America
COURSE TITLE		Course Number	Course Number:  Course Title:
Credits	Letter Grade	Term Taken	
COURSE TITLE		Course Number	Course Number:  Course Title:
Credits	Letter Grade	Term Taken	
COURSE TITLE		Course Number	Course Number:  Course Title:
Credits	Letter Grade	Term Taken	
COURSE TITLE		Course Number	Course Number:  Course Title:
Credits	Letter Grade	Term Taken	
COURSE TITLE		Course Number	Course Number:  Course Title:
Credits	Letter Grade	Term Taken	

\_\_\_\_\_  
*Advisor / Area Director*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Associate Dean*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*