

THE GEORGE WASHINGTON UNIVERSITY

WASHINGTON, DC

REQUEST FOR TRANSFER OF CREDIT FROM ANOTHER INSTITUTION Health Sciences Dean's Office

Instructions:

1. When entering the course information, please use the course titles and numbers as they appear on your official transcript.
2. Include a copy of the syllabus from when the course was taken.
3. A copy of the official transcripts with the final grade must be in receipt of the Health Sciences. If an official copy of the transcript was not previously submitted, send to: Health Sciences Student Services, 2600 Virginia Avenue, Suite 104, Washington, DC 20037 or electronically to hspora@gwu.edu.
4. The Recommendation of Program column must be completed by the appropriate GW academic advisor or program director.

Student Name: _____ **GWID:** _____

Degree/Certificate: _____ **Phone:** _____

Major: _____ **GW Email:** _____

To Be Completed by Student				To Be Completed by GW Program
Name of Institution:				Program Recommendation
Subject/Course Number (ex: ENGL 101)	Title	Credit Hours	Requested GW Equivalent	
				Approve __ Deny
				Approve __ Deny
				Approve __ Deny
				Approve Deny

Important Policies:

- The University reserves the right to refuse transfer credit in part or in whole or to allow credit provisionally.
- Grades earned at other institutions will not be included on your GW transcript nor calculated into your GW GPA.
- GRADUATE STUDENTS: Up to six credit hours may be transferred if completed with a letter grade of B or higher and the course was not taken as part of a previously earned degree.
- UNDERGRADUATE STUDENTS: Courses must be completed with a letter grade of C or higher. There are limits on transferring credits as part of your final 60 hours towards a degree at GW.
- View the complete policies on transfer credits in the Health Sciences Programs Bulletin: <http://bulletin.gwu.edu/medicine-health-sciences/>

This Section is to be Completed by the PROGRAM if the Program Recommendation is Approved	
Program Director Signature: _____	Date: _____
Department Chair Signature: _____	Date: _____
This Section to be Completed by the Health Sciences DEAN'S OFFICE	
Effective Semester: _____	
Authorized Signature: _____	Date: _____