



TRANSFER CREDIT EQUIVALENCY

1. _____
CWID Degree or Certificate Program
2. _____
Last Name First Name Middle Name
3. _____
College of Charleston Email Phone Number

Return form to the Graduate School office with official transcript(s) from the transfer institution(s).

Transfer Institution: _____

Transfer Course Number	Transfer Course Title	Credits
CofC Course Number	CofC Course Title	Credits

Transfer Institution: _____

Transfer Course Number	Transfer Course Title	Credits
CofC Course Number	CofC Course Title	Credits

Student Signature

Date

Program Director Signature

Date

Form should be submitted to Robyn Olejniczak (olejniczakr1@cofc.edu) in the Graduate School office

GSO STAFF ONLY

Processed by: _____ Date: _____

Transcript(s) Included _____