School of Nursing

Request for Transfer of Credit



Student Inform	ation			
Student Name		GW	GWID	
Phone		GW	GW Email	
Degree/Major				
Transfer Reque	st			
efer to university b	oulletin for regulation unust route this fo	abus and transcript for each institution whos pertaining to transfer credit located at rm for approval to your adviser, who can	bulletin.gwu.edu/nursing	> Regulations > Transfer Cred
Course Number	Semester Hours	Course Title	GW Equivalent (if known)	Recommendation completed by program director
				0 - 0 -
				Grant Deny
				Grant O Deny

School of Nursing

Request for Transfer of Credit



Authorization Signatures		
Program Director's Signature	Print Name	Date
Associate Program Dean's Signature	Print Name	Date