

Transfer Credit Form

Student Name: _____ Daytime Phone: _____
Student Number: GA _____ Social Security No: _____
Address: _____ Graduate Program: _____
City: _____ State: _____ Zip: _____

DIRECTIONS FOR TRANSFER CREDIT APPLICATION PACKAGE

- The transfer credit application package consists of a Transfer Credit Form, and former college/university course descriptions and graduate program requirements. This package must be received by Ashworth College within ninety (90) days of your enrollment to be eligible for transfer credit.
- Review your transcripts to verify that your transfer credit is no more than ten (10) years old and that you earned a “B” (3.0) or higher in the graduate courses for which you wish transfer credit. If your coursework does not meet these criteria, your transfer credit application will be denied.
- On the lines below, indicate the graduate courses from your former college(s)/university(ies) for which you wish to receive transfer credit. You must also identify the Ashworth College graduate course(s) for which you wish to substitute credit. Transfer credit can only be approved for courses equivalent in content to Ashworth College graduate courses. A maximum of nine (9) semester credit hours may be approved for transfer credit.
- Finally, be sure to complete and mail a Transcript Request Form for each former college/university from which you wish to transfer graduate credit. Your transfer credit application package cannot be evaluated until Ashworth College has received all of your official transcripts.

1. I wish transfer credit approved for: Graduate course number and title; former college/university:

Ashworth College course you wish to substitute transfer credit for? (Course Number and Title):

2. I wish transfer credit approved for: Graduate course number and title; former college/university:

Ashworth College course you wish to substitute transfer credit for? (Course Number and Title):

3. I wish transfer credit approved for: Graduate course number and title; former college/university:

Ashworth College course you wish to substitute transfer credit for? (Course Number and Title):

Please send to: **ASHWORTH COLLEGE · TRANSCRIPT PROCESSING**
P.O. Box 923087 · NORCROSS GA 30010-3087