



REQUEST FOR TRANSFER CREDIT
(DEGREE AND NON DEGREE)
EAST CAROLINA UNIVERSITY
THE GRADUATE SCHOOL

Name _____ Banner ID: _____

School/Department: College of Allied Health Sciences, Department of Nutrition Science

Semester/Session Admitted _____

Degree student is pursuing: Master of Science in Nutrition

Minimum Number of hours required for this degree: 33 semester hours

How many hours of transfer credit have already granted for this student:
From other accredited institutions? _____
Non-degree credit from ECU? _____

CHECK BELOW ALL THAT APPLY & LIST THE COURSE INFORMATION.
SEE PAGE TWO OF FORM FOR INFORMATION GOVERNING TRANSFER CREDIT.

[] This request is for course(s) TAKEN AT ANOTHER ACCREDITED INSTITUTION.
(NOTE: An official transcript from the other institution showing the courses MUST be attached)

[] This request is for course(s) TO BE TAKEN AT ANOTHER ACREDITED INSTITUTION.
(NOTE: An official transcript from the other institution showing the completion of the course MUST be sent to the Graduate School before credit will be given)

[] This request is for NON DEGREE COURSE(S) TAKEN at ECU
(NOTE: Use this request only for course credit over the 9 sh of non-degree credit already allowed)

Table with 4 columns: Institution Where Taken, Course Prefix & Number, Credit Hours, Year & Term Completed. Contains four rows of blank lines for data entry.

(Signature) MS in Nutrition Program Director _____ Date _____

GRADUATE SCHOOL USE ONLY

[] Approved [] Disapproved

(Signature & Date) Dean or Associate Dean of Graduate