

THE COLLEGE OF WILLIAM AND MARY
School of Education, Office of Academic Programs
Jones Hall, Room 100

TO: University Registrar

FROM:

Gwendolyn E. Pearson

Graduate Registrar (221-2316)

DATE:

SUBJECT: Approved **TRANSFER OF GRADUATE CREDIT**

Please record the approved transfer credit as indicated below on the student's permanent record:

NAME OF STUDENT: _____ Student #: 930

DEGREE PURSUED: _____ PROGRAM PURSUED: _____

#1

Course No.: _____ Course Title: _____

Institution: _____ Date: _____

(semester & year taken)

Grade: _____ Credit Given: _____ If approved course substitution, equivalent W&M course: _____

Approval of School of Education Faculty Member Who Teaches the Equivalent W&M Course: _____

Signature

Date

#2

Course No.: _____ Course Title: _____

Institution: _____ Date: _____

(semester & year taken)

Grade: _____ Credit Given: _____ If approved course substitution, equivalent W&M course: _____

Approval of School of Education Faculty Member Who Teaches the Equivalent W&M Course: _____

Signature

Date

APPROVALS:

Advisor: _____ Associate Dean: _____

Date: _____ Date: _____