



THE GRADUATE SCHOOL

of the COLLEGE OF CHARLESTON

TRANSFER CREDIT EQUIVALENCY FORM

Student's Name _____

SSN _____

Date _____

Academic Program _____

Program Director's Signature _____

1. CofC Equivalent Course Number	CofC Equivalent Course Title	Transfer Institution	Hours Earned at Transfer Institution
Transfer Institution Course Number		Transfer Institution Course Title	

2. CofC Equivalent Course Number	CofC Equivalent Course Title	Transfer Institution	Hours Earned at Transfer Institution
Transfer Institution Course Number		Transfer Institution Course Title	

Please return to the Graduate School Office (GSO) and attach a copy of the transfer institution's official transcript.

(The need for a copy of the transcript does not apply to Education programs if the official transcript is in the student's file in the GSO.)