



**NORTH GREENVILLE UNIVERSITY**

*Christ Makes the Difference*

**T. Walter Brashier Graduate School**

### Graduate Credit Transfer Request

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Program (circle one): MBA MED MAT MMED Ministry Other: \_\_\_\_\_

List below the courses you would like evaluated for transferred to North Greenville University:

University/College

All transfer credit awarded is solely the discretion of North Greenville University’s Graduate School. Only courses that are germane to required courses of the applicant’s program choice will be considered.

By signing below, I acknowledge that these transfer credits are pending, upon review and assessment from faculty and staff of the T. Walter Brashier Graduate School. I also acknowledge I am required to successfully complete two terms or nine credit hours at North Greenville University while maintaining at least a 3.0 GPA to finalize any transfer credit.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

For Official Use Only:

Staff and Faculty Evaluation:

Date	Transfer Course Number	NGU Equivalent	Credit Hours

\_\_\_\_\_  
Faculty/Office Staff Signature

\_\_\_\_\_  
Date Entered