



GRADUATE TRANSFER CREDIT REQUEST

Office of the Registrar, 3800 Victory Parkway, Cincinnati OH 45207-3351, Phone 513 745-3941, FAX 513 745-2969

Date: \_\_\_\_\_

Student I.D. Number \_\_\_\_\_ Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Institution: \_\_\_\_\_ Terms:  Semester  Quarter

<u>Term/Date</u>	<u>Course #</u>	<u>Title</u>	<u>Grade</u>	<u>Credit Hours</u>	<u>Xavier Equivalent</u>	<u>Cr. Hrs. Awarded</u>

Additional Comment: \_\_\_\_\_

Program Director/Dept. Chair: \_\_\_\_\_ Date: \_\_\_\_\_  
(please forward to Dean's Office, if applicable)

Approved by Dean (if applicable): \_\_\_\_\_ Date: \_\_\_\_\_

Processed by Office of the Registrar: \_\_\_\_\_ Date: \_\_\_\_\_

Forward to holder of Admission File