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 ACCREDITED 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>
<thead>
<tr>
<th>Institution Where Taken</th>
<th>Course Prefix &amp; Number</th>
<th>Credit Hours</th>
<th>Year &amp; Term Completed</th>
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(Signature) MS in Nutrition Program Director Date

GRADUATE SCHOOL USE ONLY
☐ Approved ☐ Disapproved

(Signature & Date) Dean or Associate Dean of Graduate

cc: Registrar, MS in Nutrition Program Director, ECU Graduate School