

**Faculty of Graduate Studies** 

## **Transfer Credit Form**

(To be completed at time of admission of student)

<u>Instructions</u>: This form should be completed by the graduate coordinator and uploaded into the Internal Communication tab in eGAS.

Student ID#:	Last Name:	First Name & Initial(s):
Program Name:		
The	e following course is being recomm	nended for transfer credit:
Course Code:	Course Title:	
Institution/Semester/Year course taken:		
Institution Name:	Semester/Year cou	urse taken: Grade Achieved:
Is this equivalent to a required course in the University of Windsor program? Yes No		
If yes, which course? Course number: Course title:		
Faculty of Graduate	Studies Checklist for Approval:	
1. Course taken	in last 5 years	Yes No Dieted degree Yes No
3. Minimum gra	ed as credit towards previously comp de of 70% achieved us has been reviewed	Yes No

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