

Reviewed by:

Tentative Credit Transfer Form

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| Applicant Name |  | Academic Year |  |
| Applicant ID |  | AdmissionSemester |  |
| Department |  | College |  |
| Previous AcademicInstitution(s): |  |  |

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| **Courses Taken at Other Institution(s)** | **Equivalent AUK Courses** |
| Course Code& Number | Course Title | CreditHours | Grade | Course Code &Number | Course Title | CreditHours |
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| Department Chair/Designee’s Name: | Date: |  | Received by ARD Course Transfer Specialist: |
| Signature: | Date: |

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| College Dean’s Name | Date: |
| Signature: |