



Reviewed by:

Tentative Credit Transfer Form

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| Applicant Name |  | Academic Year |  |
| Applicant ID |  | Admission  Semester |  |
| Department |  | College |  |
| Previous Academic  Institution(s): |  |  | |

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| **Courses Taken at Other Institution(s)** | | | | **Equivalent AUK Courses** | | |
| Course Code  & Number | Course Title | Credit  Hours | Grade | Course Code &  Number | Course Title | Credit  Hours |
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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: | |