



## Credit Transfer Request Form

Student Name \_\_\_\_\_ NSU ID   N   \_\_\_\_\_

<b>Institution / Year</b> <small>(list where and when the course you are requesting for credit was taken) *</small>	<b>Course Number &amp; Name</b>	<b>Credit Hours &amp; Grade Received</b>	<b>Request for Transfer</b> <small>(list the equivalent MI courses you identified for credits)</small>	<b>Committee Decision</b> <small>(leave this blank)</small>
<b>Total</b>				

\* Courses taken more than five years prior to the beginning of the student's first term will not be considered for credit transfer.

Student signature \_\_\_\_\_ Date \_\_\_\_\_

Please email (cn71@nova.edu) or fax (954.262.2756) this form to Program Manager Christine E. Nelson