Return completed form to:
The Institute for Conflict Analysis & Resolution
3401 North Fairfax Dr. MS: 4D3
Arlington, VA 22201

The Institute for Conflict Analysis & Resolution
Graduate Transfer of Credit Request

Name:_____ Date: _____

Student ID#: _____ Degree: _____

Address: _____ Email Address:_____

_____Day Phone:_____

_____Home Phone:_____

George Mason University graduate policy allows students to transfer credits taken prior to enrollment in their current graduate program, with proper approvals. These credits may include those earned through GMU Extended Studies, through another GMU graduate program, or from another institution Please refer to the Academic Policies section of the current university catalog for transfer credit policy information. Some graduate programs may have stricter transfer credit policies. Students should contact their programs for assistance.

Credits Earned at GMU (through Extended Studies or through another GMU graduate program)

Course Number & Title	Semester & Year	Grade Earned	Credits Earned

Credits Earned at Another Institution (An official transcript, or copy if an official transcript is in the students permanent file in the Registrars Office must accompany this request. Please note: GMU operates on a semester system. Credits earned at institutions using a quarter system should be multiplied by 2/3 to determine the number of credits to be transferred.)

Institution/Location	Course Number & Title	Semester & Year	Grade Earned	Credits Earned	GMU Course Equivalent (Required)

_____Total Credits to be Transferred into Current Degree Program

___Approved___Not Approved_____
Student Advisor Date

___Approved___Not Approved_____
Program Graduate Coordinator Date

___Approved___Not Approved_____
Director, ICAR Date

Distribution: Register (original), Student, Department

Registrar's Official Use:
Date Entered_____By_____