



ELIZABETH CITY STATE UNIVERSITY

FOUNDED 1891

Request to Transfer Additional Credit Hours

Academic Advisors should complete this form when requesting additional transfer credit articulation for advisees. This form needs to be submitted within the first 10 days of the first day of classes.

Applicant Information	
Student's Name	
Banner ID#	
Major	
Beginning Semester	
Previous Institution	

Transfer Course				ECSU Course Equivalent			
Prefix	Course Number	Course Title	Credit Hours	Prefix	Course Number	Course Title	Credit Hours

I confirm that I have evaluated the applicant's transcripts for major requirements. It is recommended to accept the credits listed above towards the selected major.

_____ Academic Advisor's Printed Name _____ Academic Advisor's Signature _____ Date

Department: _____