International University for Graduate Studies To Be Completed By Candidate For Administrative Use Only **Title of Course (Course Content)** Proof of Sponsoring Number of Type of Graduate Credits Credits Total Agency Contact Evaluation Attendance Level Accepted to be Graduate Hours* (Approved Without **Tested** Credits Accepted Examination or Not Presentation Case Study Approved) for Other Transfer

Evaluated b	y:	 	
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Faculty of _		 	

^{* 13.5} Contact Hours are required for each credit accepted in transfer.
FOR NURSING AND MEDICAL ORIENTED CANDIDATES: 15 Contact Hours are required for each credit accepted in transfer.