Student Name:

Student ID#:

Transfer College:

Office of Graduate Studies – Transfer Equivalency Worksheet

Transfer Courses (please indicate if Semester or Quarter Hrs.)				FGCU Equivalent			
Subject	Course	Title	Semester or Quarter Hrs	Subject	Course	Title	Semester Hrs ONLY
		TOTAL SEMESTER/QUARTER HRS				**TOTAL SEMESTER HOURS**	

Signature:
Date:

Office Use Only
Entered by: (Initials & Date)

RR97/98-001