BAU
Bay Atlantic University

Be an Innovator,
Be a Leader,
At BAU!

Office of the Registrar Credit Transfer Form

Student Name:(First, Middle, Last): _____ **Degree Program:** _____

Start Date (mm/dd/yyyy): _____

Courses to be Transferred (Course Code, Course Name, Credits, Grade)	BAU Course Waived (Course Code, Course Name, Credits)

Signature of School Official: _____ **Date:** _____