

## Graduate Transfer Equivalency Form

MBA Program

Academic Year: 2025–2026

### 1. Student Information

Full Name:

Student ID (if applicable):

Email Address:

Phone Number:

### 2. Previous Institution Details

Institution Name:

Country:

Program Enrolled:

Dates of Attendance:

### 3. Course Equivalency Evaluation

No	Course Title	Grade Earned	Equivalent ECU Course	Credit at ECU

#### **4. Academic Office Use Only**

Evaluation Completed By:

Title/Role:

Date of Review:

Decision: ☐ Approved   ☐ Denied   ☐ Conditional

Reason/Comments:

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#### **5. Student Declaration**

I hereby certify that the information provided above is accurate and complete. I understand that any false or misleading information may result in the revocation of transfer credit.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_