TRANSFER CREDIT INFORMATION

Student Name ____________________________ Date of request ______________________

81#_________________________ Student’s Major ______________________________________

UGA Email ______________________________ Phone ________________________________

Semester/Year Course Taken____________________ Semester Hours __________________

College/University of course ______________________________________________________

Name of transferred course (syllabi required for lecture and lab – please attach)

_____________________________________________________________________________

Name of textbook used: __________________________________________________________

What UGA course do you want credit for? __________________________________________

_____________________________________________________________________________

Office use only

Course: Approved NOT approved

Equivalent course _______________________ Core only _______ FC Bio req __________

Notes:

Approved by: ________________________________________________________________