

Transfer Credit Request

			Trui.	Academi	c Services	
Student Name:				Date:		
UE ID:		Major(s):				
Obtain signatures frTurn the signed forrYou will receive a fir	rom your advisor a m into Academic Se nal email from our	and the department chain ervices(Olmsted Hall Roo office approving or den		ou wish to receive e	quivalency.	
Term to be taken:			Year:	ar:		
Other Institution Name:				University of Evansville Requested Equivalency		
Course Number and Title:		Credit Hours	Course Numbe	Course Number and Title:		
Department Chair Signat	ture:					
Course Number and Title:		Credit Hours	Course Numbe	Course Number and Title:		
Department Chair Signat	ture:					
Course Number and Title:		Credit Hours	Course Numbe	Course Number and Title:		
Department Chair Signat	ture:					
 Once matriculated, Only undergraduate The credit hours of (i.e. 3 credit hour 	ransfer in any of th a student may onl e courses with a gr the course(s) take Biology course can	ne last 15 credit hours to ly transfer a maximum o rade of C- or higher are c in must be equal to or gr	f 3 courses or 10 credit hou onsidered acceptable for tr eater than the UE course re redit hour Biology 100 cours	ransfer credit. equested for equiva		
Student Signature:				Date:		
CREDIT WILL NOT B	SE AWARDED UN	ITIL AN OFFICIAL TRAN	NSCRIPT IS RECEIVED FRO	OM THE OTHER IN	NSTITUTION	
Advisor Name		Advisor Sig	nature		Date	
		Academic Servi	 ces Use Only			

Approval/Date Emailed/Date Transcript Received/Date