



## TRANSFER CREDIT EVALUATION FORM FOR GRADUATE STUDENTS

Attention Student: An official transcript (cannot be stamped "issued to student") must be submitted with your request.

Please have the originating institution send your official transcript directly to:  
Regent University, Central Enrollment Management, 1000 Regent University Dr., Virginia Beach, VA 23464

Student Name: \_\_\_\_\_ Enrollment Term: \_\_\_\_\_

Student ID#: \_\_\_\_\_ Regent School: \_\_\_\_\_

*The above student has requested that the following courses be accepted as transfer credit to his/her Regent degree program. Regent policy allows up to 25% of a degree program to be transferred (except for M.Div.). Please evaluate the compatibility of the requested courses with the student's Regent program, make recommendations, and forward to the dean for approval. Specify if the requested transfer course is equivalent to a Regent course. Unaccredited institutions will be evaluated on a case-by-case basis.*

**\*\*Please fill out completely. All fields required for processing:**

Name of Institution	Course (include subj. code/ course #)	Term completed	Grade	# of Sem./Qtr. Hours	Corresponding Regent Course (include subj. code/ course #)	# of Semester hours accepted

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

For School Use Only:	
# Credits Accepted: _____	# Credits Denied: _____
Additional Materials Requested: _____	
_____ Authorized Signature	_____ Date
<b>SEND ORIGINAL SIGNED FORM AND OFFICIAL TRANSCRIPT TO REGISTRAR.</b>	

For Registrar Use Only:			
Entered on Transcript: _____	Transcript on File: _____	Date: _____	Registrar Staff: _____