



# TRANSFER CREDIT EVALUATION FORM

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<br>(include subj. code/<br>course #) | Term<br>completed | Grade | # of<br>Sem./Qtr.<br>Hours | Corresponding<br>Regent Course<br>(include<br>subj. code/<br>course #) | # of<br>Semester<br>hours<br>accepted |
|---------------------|---|-------------------|-------|----------------------------|--|---------------------------------------|
|                     |   |                   |       |                            |  |                                       |
|                     |   |                   |       |                            |  |                                       |
|                     |   |                   |       |                            |  |                                       |
|                     |   |                   |       |                            |  |                                       |
|                     |   |                   |       |                            |  |                                       |
|                     |   |                   |       |                            |  |                                       |

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

\_\_\_\_\_  
Date

|  |                         |
|--|-------------------------|
| For School Use Only:   |                         |
| # Credits Accepted: _____  | # Credits Denied: _____ |
| Additional Materials Requested: _____                                  |                         |
| _____<br>Authorized Signature  | _____<br>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: _____ |