

Date

Request Approval of Transfer Credits

Name University or SIS id
(last, first middle)

Program: Plan (degree)
(department)

Name of Institution

Name of Equivalent Degree Semester or quarter system

Official classification of student when courses were taken:

**** Must be processed at least two weeks prior to graduation date (including receipt of official transcript with final grade).**

Official transcript must be attached to this form before credits can be recorded in SIS. Courses counted toward another degree may not be transferred, and only courses with a grade of B or better may be transferred.

Attach a catalogue statement of course level and grading system that justifies classification of these courses as equivalent to 5000 level or above UVa courses, and **course descriptions**.

Each course must be equivalent to a UVa course, and must be approved by the department of the equivalent UVa course. If there is no equivalent UVa course, a special topics course may be appropriate.

**** Limits for number of credits:** 6 for MS, 12 for ME, 15 within the consortium for ME-CGEP

Course number and title	Credit	Grade	Date	UVa equivalent course title and number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Approved by Advisor or Advisory Committee _____

Approved by Program (of student) _____

Approved by Program (of equivalent course if different from above) _____

Approved by Office of the Dean _____

Notes, exceptions, etc.