REQUEST FOR REVIEW OF TRANSFER CREDIT

Please allow three weeks for your request to be processed. You will be notified by mail of the decision.

-- PLEASE PRINT and COMPLETE EVERY SECTION --

DATE: __________________________

__________________

Student Name

Panther Number

Program

__________________

Phone

GSU Student Email

Student Address

Street

City

State

ZC

Institution Name/Location

__________________

Prefix/Number

Course Title

Year

Hours

Grade

Proposed GSU Equivalent Course

IMPORTANT: PLEASE READ BELOW.

 If requested credit will be taken during a future term (i.e. transient, study abroad, etc) at another institution, please circle the one which applies.
 Syllabus from course taken at previous institution MUST accompany this form in order to be reviewed for transfer credit.
 CIS 2010 Transfer request review must have a GSU CIS Department Student Self Evaluation attached along with syllabus from course taken at previous institution. Evaluation available in OUAA or through CIS.

*************************************  DO NOT WRITE BELOW THIS LINE  ***************************************

TO:

Faculty Evaluator

Department/School/Institute

FROM:

RCB/OAA

Date

 If requested credit will be taken during a future term (i.e. transient, study abroad, etc) at another institution, GSU/RCB transfer credit requirements as stated in the undergraduate catalog must be met.

TRANSFER REVIEWER: This student/applicant has asked that this syllabus be reviewed by a faculty member for possible transfer credit. Please let us know if additional information is needed. Thank you for your time and consideration. Please return this completed form to the Office of Undergraduate Academic Assistance, 55 Park Place, Suite #1201, 12th floor. Our post office box is 3988. Thank you.

RESPONSE (Circle one): Approved □ Disapproved □ Need more information □

COMMENTS: _________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

___________________________________________

Name of Evaluator (Please Print)

___________________________________________

Signature of Evaluator

Date

Updated: 10/16/2022