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.gsu.edu

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: ____________________________________________  Department/School/Institute ___________________________

FROM: Juwangela Broughton ___________________________  RCB OUAA ___________________________

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 Robinson College of Business Suite 1201, 55 Park Place, Office of Undergraduate Academic Assistance. 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: 7/12/2019