

Date

### Request Approval of Transfer Credits

Name   
*(last, first middle)*

University or SIS id

Program:   
*(department)*

Plan   
*(degree)*

Name of Institution

Name of Equivalent Degree  Semester or quarter system

Official classification of student when courses were taken:

**Official transcript must be attached** to this form before credits can be recorded in SIS. Courses counted toward another degree may not 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.

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"/>
<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.