

TRANSFER CREDIT INFORMATION

NAME _____ DATE _____

STUDENT NUMBER _____ LAST 4 SSN _____

LOCAL ADDRESS _____

LOCAL PHONE _____

EMAIL ADDRESS _____

MAJOR DEPARTMENT _____

DEGREE _____ EXPECTED GRAD DATE _____

Please answer the following appropriate questions about your course transfer:

Name of transferred course(s) (*Syllabi for Lecture and Lab required*).

Semester Hours _____

Name of college transferred from _____

Name of textbook used _____

Date Course(s) taken: _____

Which UGA course(s) do you want to receive credit for? _____

-IN OFFICE USE ONLY-

Transfer Course Code _____

Name of UGA Course(s) approved _____

_____ Make this change for this student only

_____ Make this change for all students

Approval _____

Dr. Peggy Brickman

REV 11/10/2009