



TRANSFER CREDIT INFORMATION

Student Name _____ Date of request _____

81# _____ Student's Major _____

UGA Email _____ Phone _____

Semester/Year Course Taken _____ Semester Hours _____

College/University of course _____

Name of transferred course (syllabi required for lecture and lab – please attach)

Name of textbook used: _____

What UGA course do you want credit for? _____

Office use only

Course: Approved NOT approved

Equivalent course _____ Core only _____ FC Bio req _____

Notes:

Approved by: _____