

COLLEGE OF EDUCATION AND HUMAN SERVICES
UNDERGRADUATE COURSE TRANSFER REQUEST

STUDENT INFORMATION

LAST NAME:	FIRST NAME:	SUID:
MAJOR/CONCENTRATION:	MINOR:	SHIP E-MAIL ADDRESS: @ship.edu
CURRENT GPA:	PHONE #:	ACADEMIC ADVISOR:

INSTITUTION/TRANSFER COURSE INFORMATION

Other Institution Name:		Semester: (Please check one) Fall Spring Summer Winter			Year: 20_____	
Other Institution Course Number	Other Institution Course Title	# of Credits	SHIP Course Number	SHIP Course Title	# of Credits	

USE THIS WEBPAGE TO VERIFY THE TRANSFER CREDITS: http://www.ship.edu/Admissions/Transfers/Course_Equivalencies

I HAVE ATTACHED A COPY OF MY DEGREE AUDIT AND A DESCRIPTION OF THE COURSE(S) I WISH TO TRANSFER. MY SIGNATURE BELOW CONFIRMS THE FOLLOWING: I HAVE VERIFIED THE COURSE INFORMATION VIA THE TRANSFER EQUIVALENCIES WEBPAGE; I HAVE NOT RECEIVED A 'D' OR 'F' FOR ANY COURSE LISTED ABOVE; I HAVE CONSULTED WITH THE FINANCIAL AID OFFICE AT SHIPPENSBURG UNIVERSITY PRIOR TO SCHEDULING ANY COURSES LISTED ABOVE.

Note: When I complete this course and a grade is assigned I understand I must request the institution send an official transcript to the address listed below.

Student's signature: _____ Date: _____

I HAVE REVIEWED AND CONFIRMED THIS STUDENT HAS MET THE CRITERIA LISTED ABOVE AND I RECOMMEND APPROVAL OF THE TRANSFER CREDITS.

Academic Advisor's signature: _____ Date: _____

Department Chair's signature: _____ Date: _____

____ APPROVED. ASSOCIATE DEAN, COEHS

OFFICIAL TRANSCRIPT ADDRESS:

Shippensburg University
ATTN: Office of the Registrar
1871 Old Main Drive
Shippensburg, PA 17257-2299

cc: file
department office
academic advisor
student