



# REQUEST FOR RE-EVALUATION OF TRANSFER CREDIT FORM

(RO-08/24)

Registrar's Office 200 High Street, Glenville, WV 26351 304-4117 Fax 304-62-8619 [registrar@glenville.edu](mailto:registrar@glenville.edu)

Course Equivalency – a course completed through another institution that has been deemed to have a minimum of 70% comparable/equal content and learning outcomes to a Glenville State University course

1. Complete one form per class. Please read and complete all areas of the form. Incomplete forms will be returned and will not be processed.
2. A copy of the course syllabus and/or course outline must accompany this form or it will be returned.
3. Request for re-evaluation of transfer credit must be submitted within two semesters of the student's initial enrollment at GSU.

I will be/I am a new incoming student to GSU for the \_\_\_\_\_ term/year.

Student Name: \_\_\_\_\_ ID#GSU \_\_\_\_\_

Degree Program: \_\_\_\_\_

Transfer Institution Name: \_\_\_\_\_

Transfer Course Subject and Course Number: \_\_\_\_\_ Credits: \_\_\_\_\_

Transfer Course Title: \_\_\_\_\_

Please indicate the Term and Year this course was taken: \_\_\_\_\_  Sem.  Qtr. Format

List the GSU course for which you are seeking credit for.

\_\_\_\_\_  
Subject- CourseNumber- Title

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Advisor Signature (if assigned) \_\_\_\_\_ Date: \_\_\_\_\_

Registrar's Office Review: \_\_\_\_\_ Date: \_\_\_\_\_

### OFFICE USE ONLY

† Request was sent to respective Faculty/Chair/Dean for review. Date: \_\_\_\_\_

\_\_\_\_ Course is equivalent. \_\_\_\_ Course is not equivalent.(elective) More information is needed.

Comments: \_\_\_\_\_