



Office of Graduate Studies  
 212 Koch Hall  
 Norfolk, VA 23529  
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Evaluation of Transfer Credits  
 G1

Name: \_\_\_\_\_ UIN: \_\_\_\_\_

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

\*No. of Credits Accepted: \_\_\_\_\_

Dept./School	Credits	Course Title & Number	Accepted Semester Credits	Date Completed	ODU Courses
University	Sem./Qtrs.				

Submitted by: \_\_\_\_\_ Approved by: \_\_\_\_\_

Graduate Program Director    Date                      Department Chair                      Date

\*\*This is a request to transfer more than 12 credits  
 \*\*If this applies, signatures are required below.

Department Chair                      Date                      Dean                      Date

Justification: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_