



Office of Graduate Studies  
 212 Koch Hall  
 Norfolk, VA 23529  
 Phone: 757-683-4885  
 Fax: 757-683-3004

**Request to waive Maximum  
 Transfer 12 Credit Hours**

Student Name: \_\_\_\_\_  
 (Print Name) (UIN)

The above student requests that \_\_\_\_\_ total credit hours be used towards their degree program.

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

**Specific Course(s), credit hours, and academic institution of course(s) to be transferred**

Credits	Dept./School	University	Course title & Number

Please use the space below to explain the reason for the above request:


Explanation continued:


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**Recommend/Approve**

\_\_\_\_\_  
Advisor – Print Name

\_\_\_\_\_  
GPD – Print Name

\_\_\_\_\_  
Advisor – Signature  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
GPD – Signature

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**Approve/Disapprove**

\_\_\_\_\_  
Philip J. Langlais, Vice Provost for Graduate Studies & Research

\_\_\_\_\_  
Date