



OLD DOMINION UNIVERSITY

The Graduate School

Evaluation of Non-ODU Transfer Credits G1

Student's Name: _____ UIN#: _____

College: _____ Degree and Program: _____

Dept./School	Credits	Course Title & Number	Accepted Semester Credits	Date Completed	ODU Course(s) Equivalent (s)
University	Sem./Qtrs.				

*No. of Credits Accepted: _____

Submitted by: _____

Approved by: _____

Graduate Program Director

Date

Department Chair

Date

<input type="checkbox"/> **This is a request to transfer more than 12 credits. **If this applies, a justification and additional signature is required below.
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Justification to transfer more than 12 non-ODU credits:

**Dean or Designee

Date

* **Attach copy of Transcripts** – Credits transferring from non U.S. institutions must be approved by the Office of International Admissions prior to submitting form to the Office of the University Registrar.

Please send electronically to the Office of the University Registrar at etd@odu.edu.
Copy: Graduate Program Director

General Graduate Form: G1
(Rev. 08/2019)