REQUEST FOR EVALUATION AND POSTING OF INTERNAL CREDIT TRANSFER

JAIE	·-		_			
TO:	Records, Audits, and Analysis Office of the Registrar You may also email this completed form to <i>AR-Recordsaudits@fsu.edu</i> .		RE:	RE:		
			EMPLID:			
RON	м :		_			
	Department Cha	nirperson or Major Profess	or			
	Department Nan	ne	_			
Ve red	quest that hou student enrolled in	urs of internal transfer-cre	edit coursework be cou	unted and coded as ram in	degree hours for the abo	
	Course	Section	Hours (12 max.)	Term/Year	Grade (B or better)	
\ppr	oved:					
	Department C	Chair Signature	Date			
	Academic Dea	 In	 Date			