REQUEST FOR EVALUATION AND POSTING
OF INTERNAL CREDIT TRANSFER

DATE: ____________________________

TO: Records, Audits, and Analysis
    Office of the Registrar

    You may also email this completed form to
    AR-Recordsaudits@fsu.edu.

FROM: ____________________________

    Department Chairperson or Major Professor

    ____________________________
    Department Name

We request that ____ hours of internal transfer-credit coursework be counted and coded as degree hours for the above
listed student enrolled in the __________________________ program in ____________________________.

<table>
<thead>
<tr>
<th>Course</th>
<th>Section</th>
<th>Hours (12 max.)</th>
<th>Term/Year</th>
<th>Grade (B or better)</th>
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Approved:

    ____________________________  ____________________________
    Department Chair Signature         Date

    ____________________________  ____________________________
    Academic Dean                     Date