



FLORIDA STATE UNIVERSITY

REQUEST FOR EVALUATION AND POSTING OF INTERNAL CREDIT TRANSFER

DATE: _____

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

RE: _____

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

EMPLID: _____

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 _____.

Course	Section	Hours (12 max.)	Term/Year	Grade (B or better)

Approved: _____
Department Chair Signature *Date*

Academic Dean *Date*