

APPLICATION FOR TRANSFER OF ACADEMIC CREDIT

Please attach *copy of transcript(s)* showing applicable course(s). In addition, *a syllabus of the previously taken course(s)* should be attached to this application prior to approval of your major advisor and Department Chairperson

Student: _____ DEGREE PROGRAM _____
(PRINT NAME)

I request permission to apply the following transfer credits to my degree program in the School of Marine Science.

STUDENT, Signature _____ DATE: _____

DESCRIPTION OF REQUESTED TRANSFER CREDITS

COURSE NAME AND NUMBER	INSTITUTION	DATE	# CREDITS	GRADE
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1. _____
If known, include the proposed SMS/W&M Course Equivalent: _____
DEPT (Bio, Chem, Mar Sci, etc.) COURSE NO. TITLE

COURSE NAME AND NUMBER	INSTITUTION	DATE	# CREDITS	GRADE
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2. _____
If known, include the proposed SMS/W&M Course Equivalent: _____
DEPT (Bio, Chem, Mar Sci, etc.) COURSE NO. TITLE

Date: _____ STUDENT'S SIGNATURE _____

MAJOR PROFESSOR RECOMMENDATION

RECOMMEND / DO NOT RECOMMEND

Date: _____ MAJOR PROFESSOR _____
SIGNATURE

RECOMMENDATION OF STUDENT'S DEPARTMENT

RECOMMEND / DO NOT RECOMMEND

The proposed SMS/W&M Course Equivalent: _____
DEPT (Bio, Chem, Mar Sci, etc.) COURSE NO. TITLE

Date: _____ DEPARTMENT CHAIR: _____
SIGNATURE

RECOMMENDATION OF SMS INSTRUCTOR OF EQUIVALENT COURSE

RECOMMEND / DO NOT RECOMMEND

The proposed SMS/W&M

Course Equivalent: _____
DEPT (Bio, Chem, Mar Sci, etc.) COURSE NO. TITLE

Date: _____ SMS INSTRUCTOR _____
SIGNATURE

**STOP HERE: Return Application to Academic Status & Degrees Committee
c/o Graduate Registrar, Watermen's Hall 253**

ACADEMIC STATUS & DEGREES COMMITTEE RECOMMENDATION

RECOMMEND / DO NOT RECOMMEND

If recommended, the following SMS/W&M courses are approved as the equivalents for each requested transfer credit:

_____	_____	_____
DEPT (Bio, Mar Sci, etc.)	Number	Title
DEPT (Bio, Mar Sci, etc.)	Number	Title

DATE: _____ AS&DC CHAIRPERSON: _____

ACTION OF THE ASSOCIATE DEAN OF ACADEMIC STUDIES

APPROVE / DENY

DATE: _____
ASSOCIATE DEAN OF ACADEMIC STUDIES