



## TRANSFER CREDIT EVALUATION FORM FOR GRADUATE STUDENTS

**Attention Student:** Submit this form at [transfercredit@regent.edu](mailto:transfercredit@regent.edu). An official transcript (cannot be stamped "issued to student") is required for transfer credit to be awarded. Please have the originating institution send your official transcript directly to: Regent University, 1000 Regent University Dr. Metroplex, Virginia Beach, VA 23464. For most programs, transfer credit will expire for courses taken ten years prior to completion of degree. By signing, you are agreeing to these terms.

Student Name: \_\_\_\_\_ Enrollment Term: \_\_\_\_\_

Student ID#: \_\_\_\_\_

Regent Program: \_\_\_\_\_ Concentration: \_\_\_\_\_

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

**Attention Dean:** The above student has requested that the following courses be accepted as transfer credit to his/her Regent degree program. Regent policy allows up to 49% of a degree program to be transferred for most programs. Please evaluate the compatibility of the requested courses with the student's Regent program. Specify if the requested transfer course is equivalent to a Regent course. Unaccredited institutions will be evaluated on a case-by-case basis. Full transfer credit policies can be found in the Graduate Academic Catalog.

**Please fill out completely. All fields required for processing:**

Previous Institution	Course (include subj. code/ course #)	Term completed	Grade	# of Sem./Qtr. Hours	Corresponding Regent Course (include subj. code/ course #)	# of Semester hours accepted	Hrs. Expiration

**For School Use Only:** # Credits Accepted: \_\_\_\_\_ # Credits Denied: \_\_\_\_\_

Additional Materials Requested: \_\_\_\_\_

Military Partner MOU advanced standing granted? (specify MOU): \_\_\_\_\_

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

**SEND ORIGINAL SIGNED FORM AND OFFICIAL TRANSCRIPT TO REGISTRAR.**

**For Registrar Use Only:** Official Transcript on File: \_\_\_\_\_ Entered on Transcript: \_\_\_\_\_

Military Partner Attribute entered \_\_\_\_\_ Date: \_\_\_\_\_ Registrar Staff \_\_\_\_\_