UNIVERSITY OF GEORGIA
COURSE CREDIT RECOMMENDATION

PART ONE  (To be completed by Student)

Student Name __________________________ Local Phone_____________________

Student ID Number ______________________ EMAIL __________________________

Degree Sought ________________________ School/College ______________________

Course Information requesting credit for:
Institution Where Course Was Taken ________________________
Please attach a course catalogue description or class syllabus of the course from the institution taken

Course (Dept & Number) from transfer institution __________________________

UGA Transfer Course Number ________________________ (From your DAR sheet)

Credit Hours _____ Specify one: _____ Semester System ____ Quarter System

PART TWO:  (To be completed by UGA Department)

_____ This course is the equivalent of UGA Course ____________________________
It will transfer as that course and will fulfill all the same requirements.

_____ This course is not the equivalent of any specific UGA course, but is approved for course credit. It will fulfill the following requirements:

_____ Area 4 (World Languages & Culture, Area 5 Humanities & Arts) (Social Sciences)

_____ College Fine Arts/Philosophy/Religion Requirement

_____ Departmental Major _______ Area 6 (Related to Major)

_____ Cultural Diversity _____ Multicultural

This recommendation is approved for _____ This Student Only
______ All transfer students with this course

Approved by: ______________________________ Department: ______________________

Date: ________________

_____ This course is not the equivalent of any specific UGA course and is NOT approved for credit.

Rejected by: ______________________________ Date ________________

Religion Dept.