

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

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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: _____

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

Rejected by: _____ Date _____
Religion Dept.