



Office of Graduate Studies
 212 Koch Hall
 Norfolk, VA 23529
 Phone: 757-683-4885
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Evaluation of Transfer Credits
 G1

Name: _____ UIN: _____

College: _____ Degree Program: _____

*No. of Credits Accepted: _____

Dept./School	Credits	Course Title & Number	Accepted Semester Credits	Date Completed	ODU Courses
University	Sem./Qtrs.				

Submitted by: _____ Approved by: _____
 Graduate Program Director Date Department Chair Date

**This is a request to transfer more than 12 credits
 **If this applies, signatures are required below.

 Department Chair Date Dean Date

Justification: _____

