	Request	for	Eval	luation	of '	Transfer	Credit
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Sch	School Code Catalog Year												
Complete Name of Originating Institution													
Stat	te	Country	_(Interi	ternational Courses Only)									
	Original Course Number & Prefix	Course Titles	Sem. Hrs.	UAB Equivalent	If course is not an exact equivalent to UAB course no further information is required	AGSC Core*	Major/Minor	Elective	Remedial				
1					se no								
2				 	an exact o further required			 					
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4 5			_	+	equi infor			<u> </u>	$\left - \right $				
6				1	mat								
7					ion is								
8					۵								
					* <u>A</u>	AGSC	Core						
		s indicate how combinations of courses would ourse combinations:	(C	C) Area II: Fine	e Art	(G)	Area III: Science Area IV: History Area IV: Soc/Beh Science	naviora	al				
Comments:													
Eva	luator:		Posit	ion:									
Dep	artment/School:		Date:	;				-					
For Official Use													
Requested By: Student ID Number:													
Stu	lent Name:												
The	above evaluation	n has been approved for articulation at the U	niversit	ty of Alabama	at Birn	ningha	am on (date)						
	by	y											
Ret	arn completed fo	rm to Enrollment Operations, Building 936, Re	oom 11	9 or by email:	transfe	rcredi	it@uab.edu						