

Request for Evaluation of Transfer Credit

Complete Name of Originating Institution: _____ Catalog Year(s): _____

State: _____ Country (for International Courses only): _____

Indicate how each course would articulate if taken alone:

	Original Course Prefix And Number	Course Title	Sem Hours	UAB Equivalent	If the course is an exact equivalent to a UAB course, no further information is required.	AGSC Core *	Major/Minor	A&S Track **	Elective	Non Transfer
1.										
2.										
3.										
4.										
5.										
6.										
7.										
8.										

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AGSC CORE

(A) AREA I: English (E) AREA III: Math
 (B) AREA II: Lit (F) AREA III: Science
 (C) AREA II: Fine Arts (G) AREA IV: History
 (D) AREA II: Humanities (H) AREA IV: Soc/Beh Sci

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Art & Sciences Requirements

(A) TRACK A
 (B) TRACK B
 (C) TRACK C

For sequence courses, indicate how combinations of courses would articulate to UAB course combinations.

Comments _____

Evaluator: _____ Position: _____ Department/School: _____ Date: _____

FOR OFFICIAL USE

Student: _____ Student Number: _____ Requested by: _____

The above evaluation has been approved for articulation at the University of Alabama at Birmingham on (Date) _____ by: _____

Return completed form to Nancy Bales, Transfer Articulation Coordinator, 460 HUC + 1150; Phone 975-2720; email nbales@uab.edu Revised 12/5/03