

## **Transfer Credit Approval**

The University of New England | Office of the Registrar 11 Hills Beach Road (Decary Hall, 114) Biddeford, ME 04005 Phone: (207) 602-2473 | Fax: (207) 602-5927 | Registrar@une.edu

STUDENT INFORMATION		
Last Name:	First Name:	PRN:
Email:!	Major: Expect	ted Graduation Date:
SECTION I: TRANSFER COURSE INF	ORMATION (of host institution)	
Transfer Credit approval is required prior to	registering for courses outside of UNE.	
College/University:	Loc	ation:
Course Subject and Number:	Cours	e Title:
Term: Summer Fall Sp	oring Year: # of Cred	dits:
SECTION II: UNE TRANSFER EVALU	IATION/UNE EQUIVALENCY (to be con	npleted in consultation with Advisor and/or Academic/Program Director)
UNE Course Subject and Number:	(ex: CH	E 110) Number of Credits: (ex: 4)
Course Title:	(ex: General (	Chemistry I)
SECTION III: PRE-REQUISITE TRANS	SFER & REPEAT RULES	
A) Is this course a pre-requisite for a c	course you intend to take next term:	Yes* No
		for: (ex: CHE 210)
		titution <b>2 weeks before the start of term</b> or the student will be applied until all registration windows are open for the term.
C) Are you taking this course at another institution to "replace" a course previously taken at UNE? Yes** No **If yes, only the credits from the Transfer Course will be included in the overall earned credits, and the transfer course will not replace the grade earned at UNE, or the GPA.		
SECTION IV: TRANSFER POLICY AC	KNOWLEDGEMENT (Font signature N	IOT accepted)
<ul> <li>Grade quality points earned through transfer at the University of New England. A transfer</li> <li>Transfer credit will be granted for those cour</li> <li>Matriculated students must meet residency r</li> <li>Posting of transfer credits will be completed directly from students or staff will be consider</li> </ul>	r coursework are <b>not</b> calculated into the cumul course is identified on the transcript with the g rses completed with a minimum grade of <b>C- or</b> requirements to be eligible for a degree. by the Registrar's Office upon receipt of an <b>of</b>	higher. Additional program restrictions may apply.  ficial transcript from the host institution. Transcripts received
I, the student, have read and understood	d LINE's transfor policies:	Date:
i, the student, have read and understood	St	tudent Signature
TRANSFER COURSEWORK APPROV	'AL (Font signature NOT accepted)	
must evaluate the course and sign the form. For ex	xample, MAT 120 would need to be evaluated	am Director for the unit that offers the equivalent course at UNE by the School of Mathematical and Physical Sciences. <b>General</b> It's primary Academic/Program Director for their major.
Advisor Signature:	Name:	Date:
Academic Director Signature:	Name:	Date: