



# REQUEST FOR RE-EVALUATION OF TRANSFER CREDIT FORM

(RO-08/23)

Registrar's Office 200 High Street, Glenville, WV 26351 304-462-4117 Fax 304-462-8619 [registrar@glenville.edu](mailto:registrar@glenville.edu)

*Course Equivalency – a course completed through another institution that has been deemed to have a minimum of 70% comparable/equal content and learning outcomes to a Glenville State University course.*

1. Complete one form per class. Please read and complete all areas of the form. Incomplete forms will be returned and will not be processed.
2. A copy of the course syllabus and/or course outline must accompany this form or it will be returned.
3. Request for re-evaluation of transfer credit must be submitted within two semesters of the student's initial semester of enrollment.
4. Submit completed form to the Registrar's Office.

**If a course equivalency is determined, the course equivalency will be documented and consistently applied to ALL students who transfer the course from this point forward, irrespective of the student's degree program.**

- I am a continuing GSU student. My first semester of enrollment at GSU was \_\_\_\_\_ term/year.
- I will be/I am a new incoming student to GSU for the \_\_\_\_\_ term/year.

Student Name: \_\_\_\_\_ GSU ID#: \_\_\_\_\_

Degree Program: \_\_\_\_\_

Transfer Institution Name: \_\_\_\_\_

Transfer Course Subject and Course Number: \_\_\_\_\_ Credits: \_\_\_\_\_

Transfer Course Title: \_\_\_\_\_

Please indicate the Term and Year this course was taken: \_\_\_\_\_  Sem.  Qtr. Format

List the GSU course for which you are seeking credit for.

\_\_\_\_\_  
Subject – Course Number – Title

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Registrar's Office Review: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICE USE ONLY**

\_\_\_\_ Course is equivalent.    \_\_\_\_ Course is not equivalent.(elective)    \_\_\_\_ More information is needed.