# Application for Prerequisite Transfer

1. This form must be completed prior to registering for the course at the other institution.
2. You will have an official transcript sent to the UNE Registrar's Office upon completion of the course and no later than TWO days before classes begin for the next term. Otherwise, you will be removed from the course(s) you list below.
3. Transfer credits must be earned from a regionally accredited institution with a minimum grade of "C-". Some restrictions may apply; refer to program descriptions in your major for further information.
4. The required signatures below approve content and course equivalency only. They do not verify the transfer institution is a regionally accredited institution. This is the student's responsibility.
5. A course taken at another institution will not affect the student's cumulative GPA and will not replace a previously graded UNE course.

**Student's Name:** _____ **PRN:** _____ **Student Email:** _____

**Major:** _____ **Advisor:** _____

| Host Institution Title, Course Subject, and Number | Host Institution Credit | UNE Parallel Course Subject and Number | UNE Credit Equivalency |
|---|---|---|---|
| | | | |

**Name of Institution:** _____ **Term:** 20____ ❑ **Summer** ❑ **Fall** ❑ **Spring**

**Intended to Satisfy:** ❑ **Exploration** ❑ **Creative Arts** ❑ **Advanced Studies** ❑ **SGA** ❑ **Major Requirement** ❑ **General Electives**
(please check one)

**The above course is a prerequisite for the following course(s) that I wish to take next:** ❑ **Summer** ❑ **Fall** ❑ **Spring**

*Please list the subject and course for all (ex. BIO 106):* _____

**Are you taking this course at another institution to "replace" a course previously taken at UNE?**
**No**_____ **Yes**_____ If Yes, please note that you will earn credits only for the transfer course. The grade from the course taken at UNE will count towards your GPA but those credits will be excluded.

**Student Signature:** _____ **Date:** _____

**Dept Chair Signature to Approve Equivalency:** _____ **Date:** _____

**Student Advisor or Dept Chair Signature:** _____ **Date:** _____

Office Use Only:
Update Excel_____
Updated By:_____
Date_____

The Dept Chair's signature is not required if the course is satisfying a general elective or is part of a Transfer Agreement with UNE. You can check for these courses at www.une.edu/admissions/undergrad/transfer.cfm.

REGISTRAR'S OFFICE
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