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## **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: Majo	or: Expec	ted Graduation Date:
SECTION I: HOST TRANSFER COURSE INFORMATION (Transfer approval required before registering at the host institution)		
College/University:	Loc	ration:
Course Subject and Number:	Cours	e Title:
Term: Summer Fall Spring	Year: Nu	umber of Credits:
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 II: UNE TRANSFER EVALUATION/UNE EQUIVALENCY (to be completed in consultation with Advisor and/or Academic/Program Director)		
UNE Course Subject and Number:	(ex: CH	IE 110) Number of Credits: (ex: 4)
Course Title:		(ex: General Chemistry I)
SECTION III: PRE-REQUISITE TRANSFE	R (course from host institution that is a pre-requis	site to UNE course)
Official transcripts for prerequisites are due to the Registrar's Office <b>two weeks</b> before the term begins, or students will be dropped from courses they do not meet the requirements for. Exceptions will not be made. If courses extend beyond the deadline, the temporary prerequisite override will be rescinded. After course completion, an official transcript must be submitted to apply prerequisites to record and regain registration eligibility.		
Is this course a pre-requisite for a course you intend to take next term: Yes** No		
II. If yes, please specify for which UNE course(s) it will fulfill a pre-requisite for: (ex: CHE 210)		
III. Does this course have a lab or co-requisite? If yes, please specify: (ex: CHE 210L)		
IV. Date Pre-Requisite Transfer Course Ends:  **Please note: In-progress/Pre-Requisite overrides will not be applied to the student's record until all registration windows are open for the term.		
SECTION IV: TRANSFER POLICY ACKNOWLEDGEMENT (Font signature NOT accepted)		
<ul> <li>Transfer credit must be earned from a regionally accredited college or university recognized by the Council on Higher Education Accreditation.</li> <li>Transfer credit will be granted for those courses completed with a minimum grade of C- or higher. Additional program restrictions may apply.</li> <li>Transfer credits appear on the transcript with a grade of "TR" and are not calculated into cumulative GPA or replace prior grades earned.</li> <li>Posting of transfer credits will be completed by the Registrar's Office upon receipt of an official transcript from the host institution. Transcripts received directly from students or staff will be considered unofficial.</li> <li>Matriculated students must meet residency requirements to be eligible for a degree.</li> <li>For additional policies regarding transfer credits and residency requirements, please refer to the University Catalog.</li> </ul>		
I, the student, have read and understood UN	NE's transfer policies:	Date: udent Signature
TRANSFER COURSEWORK APPROVAL (Font signature NOT accepted)		
Academic/Program Director Approval is <b>required</b> for course equivalency. The Academic/Program Director for the unit that offers the equivalent course at UNE must evaluate the course and sign the form. For example, MAT 120 would need to be evaluated by the School of Mathematical and Physical Sciences. <b>General Elective transfers</b> that <i>do not</i> have a direct course equivalency require approval from the student's primary Academic/Program Director for their major.		
Advisor Signature:	Name:	Date:
Academic Director Signature:	Name:	Date: