

STUDENT INFORMATION

Last Name: _____ First Name: _____ PRN: 910 _____

Email: _____@une.edu Major: _____ Expected Graduation Date: _____

SECTION I: TRANSFER COURSE INFORMATION (of host institution)✓ **Transfer Credit approval is required prior to registering for courses outside of UNE.**Institution Name: _____ Term: Summer Fall Spring Year: 20_____

Course Subject and Number: _____ Course Title: _____ # of Credits: _____

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: CHE 110) Number of Credits: _____ (ex: 4)

Course Title: _____ (ex: General Chemistry I)

Is this course a pre-requisite for a course you intend to take next term: Yes* No

If yes, please specify for which UNE course(s) it will fulfill a pre-requisite for: _____ (ex: CHE 111/CHE 111L)

Please note: Official transcripts for Pre-Requisite transfers must be submitted directly to UNE Registrar's Office from Host Institution 2 weeks prior to the start of term or student will be dropped from the course they do not meet pre-requisites for.*SECTION III: TRANSFER POLICY ACKNOWLEDGEMENT**

- Transfer credit must be earned from a **regionally accredited college or university** recognized by the Council on Higher Education Accreditation (CHEA).
- Grade quality points earned through transfer coursework are **not** calculated into the cumulative grade point average, and do not replace grades earned at the University of New England. A transfer course is identified with the grade of "TR".
- Transfer credit will be granted for those courses completed with a minimum grade of **C- or higher**. Program restrictions may apply. Please refer to program requirements in the University Catalog for more information.
- Matriculated students must meet residency requirements to be eligible for a degree. Please refer to University Catalog for Residency Requirements.
- Posting of transfer credits will be completed by the Registrar's Office upon receipt of an **official transcript** from the host institution.
- For additional policies regarding coursework at another institution, please refer to the University Catalog.

I, the student, have read and understood UNE's transfer policies: _____ Date: _____

*Student Signature***SECTION IV: TRANSFER COURSEWORK APPROVAL** (Font signature NOT accepted)

Advisor Signature: _____ Name: _____ Date: _____

Academic Director Signature: _____ Name: _____ Date: _____

**Please note: Academic Director Approval is required 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.*