



# ABRAHAM BALDWIN AGRICULTURAL COLLEGE

Office of the Registrar  
ABAC 7, 2802 Moore Highway  
Tifton, GA 31793-2601  
Telephone (229) 391-5007  
FAX (229) 391-4911

## REQUEST FOR TRANSFER CREDIT REVIEW

If you feel there is an appropriate ABAC equivalent to a course you did not receive transfer credit for, please complete this form and return to the Office of the Registrar. You must send a copy of the course description or course syllabus from your previous institution. A review cannot be completed without your indication of ABAC course equivalents and appropriate course descriptions from the previous institutions.

The ABAC catalog and course descriptions may be found on the Internet at <http://www.abac.edu/academics/registrar>.

If you agree with your transfer credit evaluation, you do not need to complete this form.

ABAC ID Number \_\_\_\_\_

Full Name \_\_\_\_\_

Mailing Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

E-Mail \_\_\_\_\_

Phone \_\_\_\_\_

In the table below, please list the course(s) you feel should be reviewed and the ABAC equivalent you feel would be most appropriate. Return this form to the Office of the Registrar along with a **copy of the course description or course syllabus from your previous institution's catalog**. An evaluator will review your request and respond to you by telephone, email or letter.

Name of Previous Institution	Transfer Course Subject & Number (ex: ENGL 1101)	Title of Course at Previous Institution	ABAC Course You Feel Is Most Appropriate Course Subject & Number

Received in Office of the Registrar by \_\_\_\_\_.