

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

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.

ABAC ID Number

Received in Office of the Registrar by_

Full Name

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

Mailing Address			
E-Mail			
Phone			
Return this form to the Office	e of the Registrar along wi	nould be reviewed and the ABAC equivalent y th a copy o<u>f the course description or cou</u> iew your request and respond to you by telepl	rse syllabus from your
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
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