

CREDIT EVALUATION FORM

Virginia State University
Office of the Registrar, POB 9217, Petersburg VA 23806

Date: _____

VSU Department: _____ Curriculum: _____

Student's Name: _____

Address: _____

SID#: _____

College(s) Previously Attended: _____

Previous College Major(s): _____

Did Student Graduate? _____ No _____ Yes Date: _____

List below all transferable courses (left column) and the VSU courses or elective requirements which they satisfy (right column).

Transferable Courses	Sem. Hrs.	VSU curriculum requirements satisfied	Sem. Hrs.

To convert quarter hours to semester hours, multiply the number of quarter hours by 2/3.

Approvals:

Department Evaluator _____ Date: _____

School Dean _____ Date: _____

Registrar _____ Date: _____