University of South Alabama ♦ College of Arts and Sciences

MODIFICATION OF TRANSFER CREDIT

Student Name: _____ Student J-number: J00

First Name Middle Initial Last Name

Major(s)/Concentration(s): _____ Minor(s): _____

****This form MUST be typed. One course modification request per form.****

STEP 1:

Name of Institution _____

Original Institution's Information (if available):

Subject	Course No.	Title

STEP 2:

Current USA Transcript Information (REQUIRED):

Attach student's USA academic transcript from PAWS.

Subject	Course No.	Title

STEP 3:

Proposed USA Transcript Modification (REQUIRED):

Subject	Course No.	Title

RECOMMENDED:

Name of Student's Advisor (typed)

Department Chair/Program Director (signature) Date

REVIEWED:

Dean (signature) Date

REQUIRED OF ADVISOR:

☐ I have attached student's USA academic transcript from PAWS to this request.

Student's Advisor (signature) Date

DECISION:

☐ APPROVED

☐ DISAPPROVED/REASON: _____