TRANSFER CREDIT REQUEST & EVALUATION FORM

NUC UNIVERSITY FLORIDA TECHNICAL COLLEGE

THE DAVE SCHOOL

STUDENT

NAME: _____ **ID#:** _____ **START DATE:** _____

PROGRAM: _____ **CAMPUS:** _____ **TELEPHONE:** _____

○ **Diploma** ○ **Associate** ○ **Bachelor**

Name of Institution of Orgin: _____

Transferred credits must match a course offered in the FTC or DAVE catalog in the following areas: ***level, content, and credit hours***. Major, major elective or technical core courses may not be transferred if their completion date will exceed five (5) years as of the start date at FTC or DAVE program. **The student must provide an official sealed transcript and college catalog to Admissions or Dean of Academic Affairs office for consideration within forty-five (45) days from the student's start date**. This form must be completed for each transcript to be evaluated.

Requested by: Student _____

Student Signature *Date*

****** BELOW **** TO BE COMPLETED BY ACADEMIC AFFAIRS:**

○ Your "official" transcript has been evaluated for transfer credit. Based upon your transcript, you have been granted the transfer credits listed below. If you have any questions(s) regarding the college's transfer credit policies on the credit(s) you have received, please contact the Dean of Academic Affairs/Academic Director.

○ Your "official" transcript has been evaluated for transfer credit. Based upon your transcript, you have ***not*** been granted transfer credit. If you have any questions(s) regarding the college's transfer credit policies, please contact the Dean of Academic Affairs/Academic Director.

TRANSFER CREDIT FROM: Add Name of Institution below:						TRANSFER CREDIT TO: Add the Name of the Academic Unit below: Florida Technical College or DAVE School			
Course Number	Title of Course Completed (TRANSFER)	Date Taken	Credit Semester or Quarter	Grade	Hours	Course Number	Title of Course Equal To	Credit Semester or Quarter	Hours
						Total Credits/Hours Transferred:			

WILL RECEIVE: _____ **CREDITS** _____ **CLASSES** _____ **HOURS** **TOWARDS PROGRAM**

WILL NEED: _____ **CREDITS** _____ **CLASSES** _____ **HOURS** **TO COMPLETE PROGRAM**

Approved by:

Dean of Academic Affairs: _____ _____

Signature Date Signature Date

CC: Financial Aid and Student Accounts

*Once the transfer of credit evaluation is complete, the form and full transcript (front and back) must be submitted to the Registrar via a ticket to be processed and uploaded in SchoolDOCS.