

**SCHOOL OF MARINE SCIENCE**  
**APPLICATION FOR TRANSFER OF ACADEMIC CREDIT**



STUDENT LAST NAME	STUDENT FIRST NAME	M.I.	BANNER ID	DEGREE PROGRAM
DEPARTMENT	TERM & YEAR OF ENTRY	EMAIL ADDRESS		

I request permission to apply the following transfer credits to my degree program in the School of Marine Science.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

COURSE NO.	TITLE	INSTITUTION	DATE TAKEN	CREDIT HRS	GRADE
TITLE OF PROPOSED SMS/W&M COURSE EQUIVALENT (IF KNOWN):			MSCI CATALOG COURSE NO.	CREDIT HRS	

Prior to obtaining any approval signatures, please attach the following documentation to your application:

- A transcript showing completion of course at previous institution
- A course description from the graduate course catalog
- A course syllabus (if available)

APPROVALS		
<b>ADVISOR:</b>		
MAJOR ADVISOR NAME	SIGNATURE	DATE
CO-MAJOR ADVISOR NAME (IF APPLICABLE)	SIGNATURE	DATE
<b>DEPARTMENT:</b>		
DEPARTMENT CHAIR NAME	SIGNATURE	DATE
TITLE OF PROPOSED SMS/W&M COURSE EQUIVALENT:		COURSE NO.
<b>SMS INSTRUCTOR OF EQUIVALENT COURSE:</b>		
SMS INSTRUCTOR NAME	SIGNATURE	DATE
SMS CO-INSTRUCTOR NAME (IF APPLICABLE)	SIGNATURE	DATE
TITLE OF PROPOSED SMS/W&M COURSE EQUIVALENT:		COURSE NO.

PLEASE RETURN THIS FORM WITH ORIGINAL SIGNATURES TO THE SMS REGISTRAR, WATERMEN'S HALL ROOM 253  
OR SUBMIT FORM ELECTRONICALLY TO [REGISTRAR@VIMS.EDU](mailto:REGISTRAR@VIMS.EDU).

ACADEMIC STATUS & DEGREES COMMITTEE RECOMMENDATION		
CHAIRPERSON, ASDC	DATE	RECOMMENDATION: <input type="checkbox"/> Yes <input type="checkbox"/> No
TITLE OF SMS/W&M COURSE EQUIVALENT:	COURSE NO.	APPROVED NO. OF TRANSFER CREDIT HRS.
COMMENTS:		
<b>ASSOCIATE DEAN OF ACADEMIC STUDIES ACTION</b>		
ASSOCIATE DEAN OF ACADEMIC STUDIES	DATE	APPROVAL: <input type="checkbox"/> Yes <input type="checkbox"/> No

OFFICE USE ONLY: DATE RECEIVED: \_\_\_\_\_ INITIALS: \_\_\_\_\_  BANNER  NOTIFIED STUDENT DATE PROCESSED: \_\_\_\_\_