NEW BRUNSWICK
THEOLOGICAL SEMINARY

TRANSFER CREDIT EVALUATION REQUEST

Date: _____

Student Name: _____ **Program:** _____

Academic Year: _____ **Academic Term:** _____

LIST GRADUATE TRANSCRIPTS TO BE EVALUATED

1.	
2.	
3.	

PLEASE REVIEW THE TRASFER POLICY IN THE STUDENT HANDBOOK AND NOTE THE LIMITATIONS FOR TRANSFER CREDIT. CREDITS WILL NOT BE POSTED UNTIL THE TRANSFER CREDIT FEE IS PAID.

SIGNATURE: _____

FOR SEMINARY USE ONLY
☐ TRANSCRIPT EVALUATED   CREDITS AWARDED _____
SIGNATURE OF THE DEAN: _____ DATE: _____
☐ FEE PAID   DATE: _____
☐ ADDED TO TRANSCRIPT   DATE: _____