

Credit Transfer Request Form



Please read the information at our [Mechanics and Procedures page](#) and our [FAQ page](#) before proceeding.

<u>Please use one form per course requested</u>	
Today's Date:	
Your Name:	
Your PID or Last Four of Student ID Number:	
Your Degree Program in Computer Science:	<input type="checkbox"/> PhD <input type="checkbox"/> MS <input type="checkbox"/> MEng

<u>Course Information</u> Please enter the information below EXACTLY as it appears on your transcript. Please DO NOT map any aspect of the course to VT equivalencies. <u>Please only list one course per form.</u>				
Original Course Information (Only list one)				
Course Number and Departmental Prefix	Title of the Course	Institution Taken	Grade Received	Number of Credits

Credit Transfer Request Form



Dear Professor _____:

The above student is requesting that the following course taken at the institution named below be transferred for credit at Virginia Tech. As chair of the Graduate Program Committee (GPC), it is my responsibility to approve to deny such requests. Please examine the attached documentation and indicate whether you feel the course should be accepted or not. Thank you for your assistance in this process.

Sincerely,

Clifford A. Shaffer, Ph.D.
Associate Department Head for Graduate Studies
CS @ VT

To be completed by the course instructor (select the appropriate box)

No, the above course does not transfer

Yes, the above course transfers (please complete the following sections)

Equivalent CS@VT Course:

CS

OR if not equivalent to an exact CS@VT Course transfer the course at the:

4000 level

5000 level

6000 level

Only complete the following section for CS@VT Courses

The course falls in the following area (select one):

Algorithms and Theory

Software Engineering

Computer Systems

Human-Computer Interaction

Programming Languages

Intelligent Systems

Numerical and Scientific Computing

Computational Biology and Bioinformatics

Data and Information

Computer Architecture and Networking

Comments:

Reviewed by:

Faculty Name:

Date:

Signature:

Department: