

Student Name

Middle Georgia State University Request for Credit Evaluation

Submit completed form to registrar@mga.edu

MGA ID#

Instructions: Middle Georgia State University (MGA) only accepts credit from institutions that are <u>accredited by institutional (national or regional) accredited agencies</u> as published in the current MGA catalog. However, courses taken in some instances may typically not be intended for transfer because the level of the course-work is not comparable at a minimum to lower division courses taught by a four-year baccalaureate institution, or the credentials of the instructor teaching those courses may not be equivalent to the level required by a four-year institution's accrediting body. In such cases where credit is not awarded, students may request an evaluation of their course-work according to the following guidelines: (1) The student is responsible for providing the information on each course for which credit is sought. (2) The student must secure the necessary documentation to support the request from the institution concerned. (3) A current transcript or official document from the source or institution concerned containing the course and grade must be on file at MGA, or submitted in a sealed envelope from that institution. (4) A separate form must be used for each course request. (5) The syllabus and course description must be included for each course with the instructor's credentials, which <u>must be certified</u> in writing by the sending institution. (6) Completed forms and documentation should be returned to the Office of the Registrar.

TO BE COMPLETED BY THE STUDENT

			Term	Credit Earned	Year
Institution					
Course Title and Number					
Equivalent MGA Course (For which	you want credit)				
TO BE COMPLETED BY DEPARTM	IENT CHAIR OF	RAPPRO	PRIATE OFFICIAL OF INSTIT	UTION WHERE	THE COURSE WAS TAKEN
Name of Course Instructor					
Course Description (attach copy or complete)					
Syllabus Attached (Please Check) Instructor's Credentials (Degree	information - M	asters + 1	8 graduate semester hours in tl	ne field of instruct	ion required)
I CERTIFY THAT THE ABOVE INFORM	MATION PROVI	DED IS CO	PRRECT ACCORDING TO RECO	RDS MAINTAINE	D AT THIS INSTITUTION
Name of Dept. Chair or Official		Signat	Signature		Date
	PLE	ASE DO	NOT WRITE BELOW		
Instructor Credentials Verified	Yes	No	Comments		
Course Content Verified by MGA	Dept. Chair	Yes	MGA Course Equivalent		
Approved Denied	Division Cl	hair Sign	ature	D	ate
Comments					
Evaluator Signature			Date		