



REVIEW OF UNDERGRADUATE CREDIT FOR BPS CORE OR CONCENTRATION COURSE EQUIVALENT

Name: _____ Banner ID Number _____
Last First Middle

Address: _____ Telephones:(day) _____ (evening) _____
Street

_____ Email: _____
City State Zip

Course Information

(provide as much information as possible)

BPS course to be considered for equivalent: Number and Title: _____

Information on course work previously completed at another college/university:

Course 1

Course 2

Number and Title: _____

College/University where course was completed:

Name: _____

City and State: _____

Date completed: _____

Grade: _____ **Credits awarded:** _____

Syllabus:

Attached Not Available (may affect final decision)

Course Description:

Attached Not Available (may affect final decision)

Additional Web Info: URL _____

Textbook(s) used:

Title: _____

Author: _____

Edition: _____

Publisher: _____

ISBN# (if available): _____

Number and Title: _____

College/University where course was completed:

Name: _____

City and State: _____

Date completed: _____

Grade: _____ **Credits awarded:** _____

Syllabus:

Attached Not Available (may affect final decision)

Course Description:

Attached Not Available (may affect final decision)

Additional Web Info: URL _____

Textbook(s) used:

Title: _____

Author: _____

Edition: _____

Publisher: _____

ISBN# (if available): _____

In order for course work completed at another institution to be considered equivalent to a BPS course, it must meet the following criteria:

- Completed at an accredited college or university
- Had an equal or greater number of credits awarded (may combine two or more courses)
- Completed prior to admission to UMW
- Content was equivalent to the BPS course
- Completed within the last six years
- Official transcript is submitted
- Grade is a "B" or higher

Student Signature: _____ Date: _____

PROGRAM USE ONLY

| | | | | | |
|--------------------------|-----------------|--------------------------|---------------------|---|-------------------|
| <input type="checkbox"/> | Approved | <input type="checkbox"/> | Not Approved | Program Director Signature _____ | Date _____ |
| | | | | Office of Advising _____ | Date _____ |

Comments: