

SOUTHWESTERN ADVENTIST UNIVERSITY REQUEST FOR VALIDATION OF CREDIT

Student Information

Name: _____

ID # _____

Major: _____

Class Standing: FR SO JR SR

Contact e-mail _____

Transfer Course for which credit will validated

Prefix/No.	Title	CrHrs	College or University Where Taken
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Southwestern Adventist University Course for which credit can be marked as equivalent, if applicable.

Prefix/No.	Title	CrHrs
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Copy of transcript with course clearly marked must be attached to this request.

_____	Date _____
Signature of the Chair of the Department providing the validation	

Fee Information

Validation Fee \$ 75.00

I understand that I must pay the fee before the validation will be administered and credit will be transferred to my permanent academic record (transcript).

_____	Date _____
Signature of the Student	

_____	Date _____
Signature of the Academic Advisor	

Turn this form and cashier's receipt for validation fee to the Office of Admissions and Records. Student will be given a Validation Permit

For Office Use Only