



# SOUTHWESTERN ADVENTIST UNIVERSITY

Knowledge. Faith. Service.

## REQUEST FOR VALIDATION OF ACADEMIC 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

Institution Where Taken

Check appropriate box. If credit is approved, indicate Southwestern equivalent course in space below.

- |                          |                             |                   |              |              |
|--------------------------|-----------------------------|-------------------|--------------|--------------|
| <input type="checkbox"/> | <u>Major</u>                | <u>Prefix/No.</u> | <u>Title</u> | <u>CrHrs</u> |
| <input type="checkbox"/> | <u>G.E.</u>                 |                   |              |              |
| <input type="checkbox"/> | <u>Elective Credit Only</u> | _____             |              |              |
| <input type="checkbox"/> | <u>No Credit</u>            |                   |              |              |

\_\_\_\_\_  
 Signature of the Chair of the Department providing the validation

Date \_\_\_\_\_

### 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).

\_\_\_\_\_  
 Signature of the Student

Date \_\_\_\_\_

\_\_\_\_\_  
 Signature of the Academic Advisor

Date \_\_\_\_\_

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

For Office Use Only

\_\_\_\_\_  
 Cashier's Signature for Validation Fee