



Petition of Transfer Credit

This petition is used for the purpose of transfer credit evaluation by the University of Arkansas faculty. Complete this form to determine how a course will transfer to the University of Arkansas or to have a course re-evaluated.

Return the petition with course description, course syllabus and other documentation to the Office of the Registrar.

Student Name: _____ Student ID: _____

College: Major: _____

Student Signature Date Submitted

Please list the full name of the University or College where courses were or will be taken:

Course Information

At Transfer Institution

Department Use Only

Course Title	Credit Hours	U of A Equivalent	Approved By

The acceptance of courses for general transfer, whether listed as designated, core or limited, does not constitute acceptance of the transfer courses for the University's courses for fulfillment of degree requirements. You should read carefully the requirements for graduation in the appropriate college section of the catalog and consult with the Dean's Office of the college which will grant your degree.

Return the petition with course description, course syllabus and other documentation to the Office of the Registrar:

Scan and email- registra@uark.edu
Fax- 479-575-4651
Mail- 141 Uptown East, 1 University of Arkansas, Fayetteville, AR 72701

Department Use Only	
_____ Department Evaluator or Chair	_____ Date

Processed by Date
Office of the Registrar