



The University of North Carolina at Pembroke  
**Request for Transfer Credit**  
 Office of the Registrar

Mail to: UNC at Pembroke  
 Office of the Registrar  
 P.O. Box 1510  
 Pembroke, NC 28372  
 or  
 Fax: 910-521-6328

**Transfer Request Policy**

- Have written approval from UNCP advisor or Department Chair if the course is part of their major curriculum.
- Have written approval from the UNCP Registrar.
- **Have a minimum OPA of 2.0, and be in Good Standing.**
- Have an official transcript submitted to the UNCP Registrar immediately upon completion of the course.
- Courses accepted for transfer credit will be evaluated in terms of UNCP's academic policies, curriculum and the student's proposed program at UNCP. Fractional credit will not be granted for partial completion of any course.
- **Credit hours will transfer for courses in which the student earns a "C" or better.** Grades earned at other institutions are **not** used to compute UNCP's quality point average.
- Permission will not be granted to repeat a course at another institution. Students may elect to repeat any course if the original course and the repeat course are taken at UNCP.

**INSTRUCTIONS:**

1. IF YOU REQUEST COURSES IN YOUR MAJOR you will need your faculty advisor/Dept. Chair's signature on this form.
2. FILL OUT THE FORM COMPLETELY and return it with CATALOG DESCRIPTIONS to the Registrar's Office.
3. **Credit must be approved before registering for course(s) at visited institution.**

UNCP ID: 

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<b>Last</b>	<b>First</b>	<b>Middle</b>	<b>Suffix</b> <small>(Jr., II, etc.)</small>
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Institution to be Attended:

Major:	During term:
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**COURSE REQUEST**

Dept.	Course No.	Course Title	Credit Hrs.

**UNCP EQUIVALENT**

Do not write in this space

**OFFICE USE ONLY**

Dept.	Course No.	Credit Hrs.

Advisor/Dept. Chair Signature:

Date:

Registrar:

Date:

Approve

Deny

Student:

Date: