

Transfer Credit Evaluation Request

Office of the Registrar

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LAST NAME (Surname as in ATS Records)	FIRST NAME	SEMINARY STUDENT ID
EMAIL ADDRESS	PHONE NUMBER	DATE

Enrollment Status (check the <u>one</u> that applies)	<input type="checkbox"/> Applied for Admission	<input type="checkbox"/> Admitted to ATS	<input type="checkbox"/> Currently Enrolled at ATS
Program Details	Degree Program	Date Enrolled (Semester/ Year)	

In order to process your request, official transcript(s) must be submitted to Asbury Theological Seminary:

- ☐ My transcripts were previously submitted to ATS
or
☐ I have requested transcript(s) to be submitted to ATS on _____ (date).

Important Transfer Credit Information:

- Transfer credit is considered for graduate courses with an earned grade of "C" or above.
- Transfer credit is considered for graduate courses completed within the past 10 years for M.A. and M.Div. students. For Biblical Language courses, the time frame is within the past year, regardless of program.
- Limits to applicable credit apply. Please see the 'Admission Policies and Procedures' section of the Academic Catalog for full details.
- Course syllabi may be required in order to review graduate coursework for possible transfer credit. Any course syllabi needed for review will be requested upon receipt of this completed form.
- Evaluation request, transcripts, and requested course syllabi should be submitted **at least 60 days** prior to the time evaluation results are needed. We will notify you by email to your student account as soon as your transfer credit evaluation is complete.
- Transfer credit will be applied to your transcript upon successful completion of your first semester at ATS.
- All transfer credit awarded is considered "non-residential" and will not apply toward residential credit requirement.

School Information for Coursework to be Reviewed

Institution(s) Attended _____

Dates Attended _____

Any additional information related to your request:

FOR OFFICE USE ONLY

Final Xcript Received	Add to ATS Xcript	Add to Deg Plan	Student Notified	School ID _____
Date _____	Date _____	Date _____	Date _____	

Program Details	Degree Program	Academic Advisor	Primary Campus	Date Enrolled (Semester/Year)	Hours Earned	Cum GPA