CREDIT TRANSFER REQUEST FORM

Department of Computer Science

**Please read the information at
https://cs.vt.edu/Academics/Graduate/Handbook0/Administrivia/Transfer.html and
https://cs.vt.edu/Academics/Graduate/Handbook0/FAQs.html before proceeding.**

(Please use one form per course requested.)

Date: _____
  Today's date

Dear _____ :
  Professor's Name

_____ is a ☐ PhD ☐ MS student in the Department of Computer
  Student's Name

Science. He/she is requesting that the following course taken at the institution named below be transferred for credit at Virginia Tech. As Chair of the Graduate Program Committee (GPC), it is my responsibility to approve or deny such requests. Please examine the attached documentation and indicate whether you feel the course should be accepted or not. Thank you for your time.

Sincerely,

Clifford A. Shaffer
Associate Department Head for Graduate Studies
CS@VT

To be completed by the student
(please enter the information below EXACTLY as it appears on your transcript –
do not map any aspect to Virginia Tech equivalents)

Original Course Information				
Course Number (inc. departmental prefix)	**Title**	**Institution where this course was taken**	**Grade received**	**Number of credits**

To be completed by the course instructor
(select at most one box on each line)

☐ Yes, the above course transfers.   ☐ No, the above course does not transfer.

(If you answered Yes to above), transfer it at: ☐ 4000-level.   ☐ 5000-level. ☐ 6000-level.

(optional) It is equivalent to a specific course at VT ☐ _____
                                                        Course Number and Name (include department, if not CS)

(Only for CS courses) The course falls in following area (choose exactly one):

☐ Algorithms and Theory
☐ Computer Systems
☐ Programming Languages
☐ Numerical and Scientific Computing
☐ Computer Architecture and Networking
☐ Data and Information
☐ Software Engineering
☐ Human-Computer Interaction
☐ Intelligent Systems
☐ Computational Biology and Bioinformatics

Comments:

Faculty Signature: _____   Date: _____

Department of _____

Updated: April 4, 2019