University of Pittsburgh COURSE CREDITS ACCEPTED FORM

STATUS	
Saved	
Posted	

Student ID **Student Name (Last, First, M.I.)** **National ID** X X X - X X -

Transcript Level _____ **Academic Program** _____ **Academic Plan** _____

Credit Source Type _____ **School Type** _____ **Articulation Term** _____

Revision Date: 8/31/05

Source Institution (45 characters)

Last Year of Attendance **Ext Term** ☐Fall ☐Spring ☐Summer

Student Career ☐Undergraduate ☐Graduate ☐D Med ☐Law ☐Med ☐Continuing Education

Academic Dean Authorization	Department	Date
Processed by:	Verified by:	

DETAIL **TOTAL CREDITS ACCEPTED** _____ **ADJUSTED CREDIT TOTAL** _____

Group	SEQ #	Add Chng Delete	Year and/or Term	Incoming Subject	Incoming Course #	Units Taken	Grade	UPitt Equiv Subject	UPitt Equiv Catalog #	Course Title	Units Transferred
		☐A ☐C ☐D									
		☐A ☐C ☐D									
		☐A ☐C ☐D									
		☐A ☐C ☐D									
		☐A ☐C ☐D									
		☐A ☐C ☐D									
		☐A ☐C ☐D									