University of West Florida

OFFICE OF THE REGISTRAR
Bldg 18: 11000 University Parkway, Pensacola, FL 32514
Telephone: 850-473-2244
Fax: 850.473.7345
e-mail: registrar@uwf.edu

REQUEST FOR EVALUATION OF TRANSFER COURSEWORK

INSTRUCTIONS TO DEPARTMENT:

1. This form is used to identify transfer courses to be used as either:
   a. Exceptions - applied in Degree Works for a single student
   b. UWF Equivalents - to be applied for all future students with the specified course
2. This form should **only** be prepared by the Chairperson or Dean of the academic department in which similar courses are taught.
3. Student must provide syllabus, course description, or other documentation as requested by the academic department.
4. The department should return this completed form directly to the Office of the Registrar (this form should never be delivered by the student).

UWF ID Number:_____ Date _____

Name: _____
First Middle Initial Last

UWF E-mail:_____ Phone Number: (_____) _____

TRANSFER COURSEWORK
(COMPLETED BY STUDENT)

Transfer Course Title: _____ Course: _____
PREFIX COURSE NUMBER

Name of Transfer Institution:_____

EXCEPTIONS*
(DEGREE WORKS)

*This is an exception only, not a UWF course equivalent, and will ☐ apply for this student only ☐ apply to Program (All students in Program).

UWF Course Exceptions: _____
PREFIX COURSE NUMBER COURSE TITLE

Department Approval: _____ Date: _____

Department Chair/Dean's Printed Name:_____ Title: _____

UWF COURSE EQUIVALENT
(TRANSFER ARTICULATION)

APPROVAL FROM DEPARTMENT OFFERING COURSE

1. Course equivalent will be applied as a permanent equivalent upon receiving this completed form in the Office of the Registrar.
2. This will not be applied to students retroactively.

UWF Course Equivalent: _____
PREFIX COURSE NUMBER COURSE TITLE

Department Signature: _____ Date: _____

Department Chair/Dean's Printed Name:_____ Title: _____

OFFICE OF THE REGISTRAR
(OFFICE USE ONLY)
Transfer Articulation/Degree Works

Processed by:_____ Date: _____