

**Mathematics Department
Application for Retroactive Credit**

Please attach a current copy of your Advising Report Form

\$50 fee – The University will bill your Enroll and Pay account.

Date: _____

Name: _____ Student ID #: _____

Email: _____

Course want to receive credit in: MATH _____ Credit hours: _____

Course you have taken: MATH _____ Grade: _____

Semester course taken: _____

Instructor: _____

Your signature

TO BE COMPLETED BY THE MATHEMATICS DEPARTMENT

Approved:

MATH _____ for _____ hours credit.

Cancel transfer credit for : _____

Denied:

_____ Already has credit for course requested.

_____ Other: _____

Associate Chair of Math Department (sign)