

**University of North America**

**12750 Fair Lakes Cir Fairfax, VA 22033**

**Phone: +1 (571) 633-9651 Fax: +1 (703) 890-3372**

[**uona.edu**](http://www.uona.edu/)

**Occupational Associate's Degree (OA-SPM) and Diploma Program (OMTI) Transfer Credit Request Form**

* Requests must include copies of transcripts from the institution(s) where the credits were earned or be on record in Campus Café.
* **Official Transcripts that meet** **UoNA published criteria** are required to be on record before transfer credits will be approved/granted.
* All requests must be approved by the UoNA VP.
* All advanced placement, military, block transfer, & exam credit equivalency are included in the maximum # of transfer credits permitted.
* A maximum of 63 quarter-hour credits for an associate's degree program, and a maximum of 70 percent for a diploma program will be permitted for transfer from other institutions to a UoNA program.

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| **UoNA Student ID#** | **Student’s Full Name (print or type)** | **Personal Email** |
| **Date of Request** | **Name of Current Program** | **Request Submitted By (“**Student” or “Name of UoNA Staff Member”) |

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| **TO BE COMPLETED BY STUDENT**  **AND/OR Designated UoNA Staff Member** | | **TO BE COMPLETED BY VP/ACADEMIC DIRECTOR**  **AND/OR Authorized UoNA Staff Member** | | | | **TO BE COMPLETED BY UoNA VP ONLY** | |
| **Request to Transfer**  **LIST Course # & Title and University/College** | **Course Credits**  **List SEM- or QTR-HR** | **Transfer Course Requested**  **for UoNA Course # & Title** | **QTR-HR Credits** | **Division/ Level**  **L =Lower**  **U =Upper** | **Category**  **CC =Common Core**  **PC =Program Core**  **E =Elective**  **GE =General Edu** | **Official Transcript in Campus Café**  **Y=YES** | **Date Approved Entered & Form Uploaded in Campus Cafe**  **(mm/dd/yyyy)** |
| *EXAMPLE: XXXXX ENG Composition I*  *No Name University* | *3 SEM* | *EXAMPLE: ENGL102 Composition* | *4.5* | *L* | *GE* | *Y* | *12/30/2000* |
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| **TO BE COMPLETED BY STUDENT**  **AND/OR Authorized UoNA Staff Member** | | **TO BE COMPLETED BY ACADEMIC DIRECTOR/VP**  **AND/OR Authorized UoNA Staff Member** | | | | **TO BE COMPLETED BY UoNA VP** | |
| **Request to Transfer**  **LIST Course # & Title and University/College/JST** | **Course Credits**  **List SEM- or QTR-HR** | **Transfer Course Requested**  **for UoNA Course # & Title** | **UoNA**  **Course QTR-HR Credits** | **Division/ Level**  **L =Lower**  **U =Upper** | **Category**  **CC =Common Core**  **PC =Program Core**  **E = Elective**  **GE = General Edu** | **Official Transcript in Campus Café**  **Y=YES** | **Date Approved Entered & Form Uploaded in Campus Cafe**  **(mm/dd/yyyy)** |
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Attach additional forms if needed.