Transfer Credit Preview Request

Office of the Registrar

204 North Lexington Ave, Wilmore, Kentucky 40390 | 800.2ASBURY | asburyseminary.edu
859.858.2197 | fax: 859.858.2015 | **registrar@asburyseminary.edu**

LAST NAME (*Surname as in ATS Records*)	FIRST NAME	SEMINARY STUDENT ID
EMAIL ADDRESS	PHONE NUMBER	DATE

Enrollment Status (check the <u>one</u> that applies)	❑ **Applied** for Admission	❑ **Admitted** to ATS	❑ **Currently Enrolled** at ATS

In order to process your preview request, in addition to this form, all items listed below <u>must</u> be on file at ATS. Your request will not be considered "on file" in our office, nor can processing begin until the following are received:

❑ An Admission Application

❑ Transcript(s) from all graduate level programs from which you are seeking transfer credit

Important Facts to Know Before You Request:

- *All information should be submitted at least 30 days prior to the time you need the results of the evaluation. We will notify you by email to your student email account as soon as we receive the evaluation from the appropriate offices.*
- *Transfer credits cannot be applied to your transcript until you have matriculated into your program at ATS.*
- *Any preview request report is subject to change pending receipt of final official transcripts, and program amendments by the Administration.*
- *Any and all awarded transfer credit is considered "non-residential" credit and does not apply toward ATS program residency requirements..*

School Information for Coursework to be Reviewed

Institution Attended _____

Dates Attended _____

If you are only requesting certain classes, or have any other information you'd like to share, please include note here:

_____
_____
_____
_____

Institution Attended _____

Dates Attended _____

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_____
_____
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