University of Pittsburgh   COURSE CREDITS ACCEPTED FORM

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)

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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									
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Source Institution Continued ————————————————————————

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