

Southern Baptist Theological Seminary
Academic Records
2825 Lexington RD., Louisville, KY 40280
502-897-4209, 1-800-626-5525
transfercredit@sbts.edu

TRANSFER CREDIT EVALUATION FORM

Name _____ Date _____

Social Security # _____ Degree Program in, or applying for _____

Address _____ Program/Concentration _____

Phone Number _____ E-Mail Address _____

If current student, list anticipated graduation date _____

If not current student, have you applied for admission? _____ Yes _____ No

Name of School(s) from which you wish to transfer credits:

**PLEASE REFER TO THE CURRENT CATALOG REGARDING ACCREDITATION
REQUIREMENTS PRIOR TO SUBMITTING THIS FORM.**

In order for us to correctly evaluate your transcript(s) for transfer credit, please submit the items listed below with this completed form. Your request cannot be processed until all of the following has been provided.

1. Prospective students: \$50.00 (non-refundable) transcript evaluation fee. (This will be credited to student account once student has matriculated.)
2. Official transcript(s) of course work to be evaluated.
3. Copies of catalog course descriptions for the courses to be evaluated.
4. Copies of actual course syllabi for all biblical language course(s) to be evaluated, and for other courses as requested.

Please note:

Prior approval must be obtained from Academic Advising in order to transfer any course work during the last 24 hours of your degree.

Transfer credits will not be officially added to your academic record until you have completed one full semester/term and have received grades.

I have read the above and the policies stated in the current catalog, and understand the requirements necessary to receive and evaluation of coursework, and hereby authorize information regarding this to be sent to me.

Signature: _____