



Student ID \_\_\_\_\_

Student Name \_\_\_\_\_

Source Institution Continued \_\_\_\_\_

G r o u p	S E Q #	Add Chng Delete	Year and/or Term	Incoming Subject	Incoming Course #	Units Taken	Grade	UPitt Equiv Subject	UPitt Equiv Catalog #	Course Title	Units Transferred
		<input type="checkbox"/> A <input type="checkbox"/> C <input type="checkbox"/> D									
		<input type="checkbox"/> A <input type="checkbox"/> C <input type="checkbox"/> D									
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Academic Dean Authorization	Department	Date
Processed by	Verified by:	