

University of South Carolina Beaufort

Financial Aid/Veterans Affairs Office 801 Carteret Street ♦ Beaufort, SC 29902

Office: 843-521-3104 ♦ Fax: 843-521-3194 ♦ www. uscbfina@uscb.edu

Veteran Affairs Prior Credit Memo Form

From:

Patricia A. Greene
Financial Aid / Veteran Affairs Director
University of South Carolina - Beaufort
801 Carteret Street ◆ Beaufort, SC 29902
Phone: (843) 521-4117 ◆ Fax: (843) 521-3194

The U. S. Department of Veteran Affairs requires that an academic credit evaluation be completed for any student who previously attended another college(s) or changes their major. **This official credit evaluation** will determine how many credit hours from the previous college(s) or military training will be applied toward the student's degree at USCB, and the number of remaining credit hours needed for the student to graduate.

It is very important that the veteran or veteran beneficiary be making satisfactory progress toward their degree in order for them to maintain their educational benefits. As the Certifying Official for the University, I am asking that you please take a moment to look over their transcripts and evaluate the credits for this VA student. I greatly appreciate your quick response.

Please do not include current semester courses or classes in which the student has not earned grade(s). Also, please only report credits that will transfer into the student's current degree program.

*Please complete this section, for majors	that only need 120	credits to graduate			
Student's Name	VIP ID	Prior Credits Earned Towards Degree		Credits Needed to Graduate	
			+		= 120
		Transfer Credits	+	Credits Must	= 120
*Please complete this section, for Educati	ion Majors (Only)				
Student's Name	VIP ID	Prior Credits Earned Towards Degree		Credits Needed to Graduate	
			+		= 123
_		Transfer Credits	+	Credits Must	= 123
*Please complete this section, for Nursing Student's Name	g Majors (Only) VIP ID	Prior Credits Earned Towards Degree		Credits Needed to Graduate	
			+		_ = 121
		Transfer Credits	+	Credits Must	= 121
Registrar's Office Representative Signature		Registrar's Office Respreser	ntative	e Printed Name	
Student's Program of Study		Date			