



CREDIT DECLINE

Student must deliver this request to the Office of the University Registrar and must present Hokie ID card.

_____ AP Credit

_____ Transfer Credit

_____ IB Credit

Date: _____

Student Name: _____

Student ID #: _____

Local phone #: _____

Email address: _____

Current Major: _____

Please read the following statement and complete the section below:

I wish to decline credit for the course(s) listed below. I understand that courses so indicated will not become a part of my academic record.

DEPARTMENT	COURSE NUMBER	CREDITS
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I understand that this credit cannot be reinstated for any reason.

Signature

Date

2/09 dp