



Office of the University Registrar
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RECORD EVALUATION FOR ADJUSTED RESIDENT CREDIT

Full Name (Please Print): _____

University ID Number: _____

Email Address: _____

Dates separated from the University: (from) _____ (to) _____

I would like to exercise my option to have my previous work at Old Dominion University adjusted so that it is equivalent to that of a student admitted as a transfer student ("Adjusted Resident Credit").

I understand that this evaluation of my records will be conducted for my review and approval prior to any change of my academic record.

In addition, I confirm that the following conditions have been met:

- I was separated from Old Dominion University for a period of at least one calendar year.
- Prior to my one-year absence, my grade point average was less than 2.00.
- Since my return to Old Dominion University:
 - I have earned a minimum of 12 credit hours of graded course work (pass/fail courses do not count toward the 12 hours) and there are no incomplete grades on my academic record.
 - I have earned a cumulative 2.0 grade point average on all work completed since my return.
- I understand that I must complete at least 30 credits **at Old Dominion University** (residency requirement) to be eligible for a degree, including twelve (12) hours of upper-level courses in the department of my declared major.
- I understand that a minimum of 120 credit hours total must be completed to earn a degree and that some degrees may require more than 120 credit hours.

Signature

Date

NOTE: An Adjusted Resident Credit evaluation will be prepared as a result of this request. In addition to your signature, the evaluation requires the signature of your advisor and the Dean of your College before your academic record will be adjusted. You will be contacted by email when the evaluation is ready for you to pick up.

The complete policy regarding Adjusted Resident Credit is published in the University Catalog under the heading "Adjusted Resident Credit." Students seeking to use this policy should review the complete policy before submitting this request.

FOR OFFICE USE ONLY: Date Received:

Received by: