

MILITARY PHYSICAL EDUCATION TRANSFER CREDIT REQUEST FORM

This form is applicable for new students accepted or applying to Armstrong who have served in the U.S. Military, and desire to have their military basic training experience utilized to satisfy the 3 credit hour physical education requirement at Armstrong. It is encouraged that this form be completed and submitted no later than the last day of classes of the first term of enrollment at Armstrong. Please keep in mind that any transfer credit received from a previous institution for military experience, will be counted towards your attempted hours for financial aid purposes, less the 3 credit hours of physical education awarded from Armstrong.

Important Information & Guidelines:

- Proof of military service must be submitted with this form to Enrollment Services
 - DD-214
 - Joint Service Transcript – <https://jst.doded.mil>
 - Community College of the Air Force – www.au.af.mil/au/barnes/ccaf/transcript.asp
- Once a decision has been made, **it cannot be reversed.**
- **PLEASE BE AWARE:** If you have been awarded transfer credit for military experience at a previously attended institution, these hours will count towards your attempted hours for financial aid purposes only - regardless if you choose the 3 physical education transfer credits or not. If you have any questions regarding your financial aid eligibility, please contact a financial aid representative at 912.344.3266.

You may submit, fax, email or mail this form to:
Office of Veterans Affairs
Veterans.Affairs@armstrong.edu | FAX 912.344.3470
Armstrong State University, 11935 Abercorn Street, Savannah, GA 31419

Military Physical Education Transfer Credit Agreement:

I elect to have my military experience considered as transfer credit. I understand that I will receive 3 credit hours that will satisfy my physical education requirement at Armstrong. I further understand that any credit I received for military experience at a previous institution will count towards my attempted hours which may affect my financial aid eligibility, and that I am responsible for contacting the Office of Financial Aid regarding this.

I, _____ (print name) have read and understand all information indicated on this form. I understand that once I elect this option it **cannot be reversed for any reason.**

Signature: _____

Date: _____

Student ID: _____

Student Birthdate: _____