

TRANSFER CREDIT EVALUATION FORM

(PLEASE ATTACH A COPY OF TRANSCRIPT - NOTE: CREDITS WILL NOT BE PROCESSED UNTIL "OFFICIAL" TRANSCRIPT IS RECEIVED IN THE OFFICE OF THE REGISTRAR)

NAME _____ ID # _____ MAJOR _____

TRANSCRIPT FROM (COLLEGE/UNIVERSITY) _____

<u>TRANSFER COURSE NUMBER</u>	<u># OF CREDITS</u>	<u>EQUIVALENT COURSE NUMBER</u>
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Evaluator's Signature _____ Date _____

Evaluator's Name _____ Department _____
(Please Print)

PLEASE RETURN THIS COMPLETED FORM TO THE REGISTRAR'S OFFICE