

TRANSFER CREDIT EVALUATION

To Department: _____ **Date:** _____

From: Office of the Registrar-Transfer Unit

Student

Emplid #

Prior University

Transfer Credit Evaluation

Please check Box(es) if you do not wish to have the Registrars Office use this evaluation for matching courses in the future.

Authorized Signature _____

Course Prior Institution

CSI Equivalent Course

- | | | | |
|-----------|---|-------|--------------------------|
| 1. _____ | = | _____ | <input type="checkbox"/> |
| 2. _____ | = | _____ | <input type="checkbox"/> |
| 3. _____ | = | _____ | <input type="checkbox"/> |
| 4. _____ | = | _____ | <input type="checkbox"/> |
| 5. _____ | = | _____ | <input type="checkbox"/> |
| 6. _____ | = | _____ | <input type="checkbox"/> |
| 7. _____ | = | _____ | <input type="checkbox"/> |
| 8. _____ | = | _____ | <input type="checkbox"/> |
| 9. _____ | = | _____ | <input type="checkbox"/> |
| 10. _____ | = | _____ | <input type="checkbox"/> |