

Request for Transfer Credit/Academic Adjustment

Date of Request: _____
 Student Name: _____
 Student ID No.: _____
 Contact Phone No.: _____
 Email Address: _____

- Nature of Request:
- Transfer Equivalence/Need Transcript Adjusted*
 - Pre-requisite Substitution Evaluation**
 - Requesting pre-approval/Class not yet taken

Required Documentation for Evaluation

(Evaluation by Dept. Chair Requires ALL Documentation Listed Below Prior to Submission)

- University Attended _____
- Semester or Quarter System _____
- Copy of Unofficial Transcripts
- Copy of Course Syllabus
- Documentation Showing Name of Book *and* Chapters (names) Covered
- Lab Syllabus/List of Lab Experiments Covered (if lab was involved)

Course(es) Submitted for Evaluation:
Class Name/ No.

Course Outcome Requested:
Class Name/ No.

Dept. Chair
Approved
Y/N

***Submission of "Request for Adjustment of Academic Requirements" form required for transfer equivalency adjustments.**

****NO pre-requisites or co-requisites will be waived.**

Comments: _____

 Department Chair Signature

 Date