REQUEST FOR REVIEW OF TRANSFER CREDIT EVALUATION
College of Liberal Arts and Sciences

Name: _____ _____
(First) (Middle) (Last) University ID #

College:_____ Major:_____ ISU Entry Date: _____

Adviser: _____ Office Address: _____
Print Name

Comments: _____

Step 1. Student Request

List the course to be re-evaluated: (List one course ONLY and attach syllabus or course description with form)

_____ _____ _____ _____
Evaluated as ISU Course # Transfer Course Title & # Grade Credits

College/University transferred from: _____ Circle One: 4 YR 2 YR

Step 2. Departmental Recommendation

Select One of the following:

1. _____ This course may be **substituted** for the following ISU course # : _____ in this student's major. (Adviser must submit a copy of this completed form attached to the student's degree audit)

2. _____ This course is **equivalent** to ISU course # : _____.
(Departments please note this change will automatically apply to all future Transfer courses from this College/University)

3. _____ **Denied** for Substitution or Equivalent, departments please return form to adviser.

Department Signature: _____ Date:_____

Comments: _____

Step 3. Student should return this form to the College Student Services Office

College Signature: _____ Date:_____

College Student Services Office Locations:

AGLS – 23 Curtiss	BUS – 1200 Gerdin,
DES – 297 Design	ENGR – 110 Marston,
H S – 131 MacKay	LAS – 141 Catt

College SS office will distribute copies for change in Transfer Credit Evaluation to Adviser and Admissions Office (100 Enrollment Services **only** if equivalent to an ISU course).

******* This form is not used for approval of US Diversity or International Perspectives *******