REQUEST FOR DEPARTMENT REVIEW OF TRANSFER COURSE

Student name:_____
(Last) (First) (Middle) (ID#)

College:_____ Curr/Major:_____ ISU Entry Date:_____

Course(s) for Review

Reevaluation of the following transfer course(s) from the ISU Transfer Credit Evaluation (TCE) form:

TCE Course/#	Course Title	Grade	Credits

Name of College/University offering course(s): _____

Adviser's comments:

_____ _____
(Adviser signature) (Date)

Academic Department Review

NAME OF EVALUATOR:
OFFICE ADDRESS:

When a course is evaluated as equivalent, the University Admissions file for that course will be permanently changed for the transfer institution. If the course is not equivalent but an appropriate substitute for an ISU course, the course might be used to meet a degree requirement. If it cannot be compared to any ISU course, mark "No Change".

Transfer course:	**Equivalent to:**	**Substitute for :**	**No change**
TCE Course/#	ISU Course/#	ISU Course/#	☐
TCE Course/#	ISU Course/#	ISU Course/#	☐

Evaluator's Comments:

Department evaluator's signature: _____
(Date)

********** **RETURN THIS FORM TO THE ADVISER REQUESTING RE-EVALUATION** **********

For College Office Action

Approval By College For Department Reviewing Course

The recommended change(s) for the above course(s) are ☐ Approved * ☐ Denied.
* Admissions Office records should be updated as shown above.

College Signature: _____

College (Student Services/Classification) Office For College In Which Student Is Enrolled

☐ Copy made for Classification Office and adviser
☐ Original forwarded to Admissions.

_____
(Date & initial)