



REQUEST FOR RE-EVALUATION OF TRANSFER CREDIT

(For Staff Use Only)

Student ID #: _____ Name: _____

REASON FOR REQUEST:

(NOTE: Number of transfer credit hours awarded may change based upon catalog and/or transfer credit evaluation policy revisions)

Readmitted/Reactivated, Effective Term: _____

Change of Major, New Major: _____ Effective Term: _____

Petition for New Catalog Term, Effective Term: _____

Requested by: _____
Academic Advisor Date

For Registrar Use Only:

Original # Transfer Credits: _____ Revised # Transfer Credits: _____ Registrar Staff: _____