

UNIVERSITY OF THE CUMBERLANDS

Transfer Credit Evaluation Form

Date: Advisor: Student ID#:

First Name: Last Name:

Phone: Email:

Program in which you are enrolled:

Name of transferring Institution:

Courses on your official transcript(s) for which you are requesting transfer:

	Transfer Course Name and ID#	Comparable UC Course Name and ID#
1.	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>

By completing the above transcript evaluation request form, I understand that the contents of this document must be evaluated by your advisor, the education department chair and/or registrar and that, in no way, does this form guarantee transfer credit from another institution of higher learning.

I also understand that the transcript evaluation will be made within 2-4 weeks of the beginning of my first course. I acknowledge that the department chair/registrar's decision is final in this regard. By typing my name on the student signature line below, I am indicating that I understand and agree with the above. This form **must** be submitted as an attachment via email to gac@ucumberlands.edu. I also understand that course descriptions **must** be provided along with the submission of this form.

Please contact the Graduate Advising Center if you have questions 1-800-343-1609 ext 4539 or email: gac@ucumberlands.edu

Student Signature

Date

OFFICE USE ONLY:

Evaluation completed? Y / N

Graduate Advising Center

Transfer approved? Y / N

Education Department Chair