

Transfer Evaluation Appeal Form

Student Name:	
Student ID Number:	
Major/Option:	
Institution at which course(s) were taken:	

	The student is to complete the columns below:				This column is for Department Chair Use Only:
	Course to Transfer	Semester Credit Hours	Quarter Credit Hours	Evaluate as RU Course (Course Info)	Department Chair Approval
1					
2					
3					
4					
5					

Documentation Provided:

Course 1: ___ Catalog Course Description ___ Syllabus ___ Assignments

Course 2: ___ Catalog Course Description ___ Syllabus ___ Assignments

Course 3: ___ Catalog Course Description ___ Syllabus ___ Assignments

Course 4: ___ Catalog Course Description ___ Syllabus ___ Assignments

Course 5: ___ Catalog Course Description ___ Syllabus ___ Assignments

Note to the Department: Please return to the Registrar's Office upon approval.