

OTTERBEIN COLLEGE

TRANSCRIPT RE-EVALUATION REQUEST

Student Name: _____ SS # _____

Adviser's Name: _____ Adviser's Dept. _____

Original Evaluator's Name: _____ Date: _____

You must complete the following before your evaluation will be reviewed:

School from which the course was transferred	Course Code and Title (Example: LEGL 309, Business Law)	Hrs. and Qtr./Sem. (e.g.: 4 S.H.)	Otterbein Course for which you seek credit. (e.g. BADM 350)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If you have more than three courses in question, please use a second form.

Reason for this request:

- Believe an error was made.
- Submitting information which you did not have before.

IMPORTANT:

In order for the Registrar's Office to process your request, the following information is ***REQUIRED:***

- 1. One copy of the course syllabus for each course you wish reviewed.**
- 2. A copy of the other school's catalog description from the year you completed the course, showing the curriculum within which this course falls, i.e. courses before and after to be shown.**
- 3. A memo from your academic advisor supporting your request.**
- 4. Any other documentation pertaining to the course in question that may be useful in processing your request.**
- 5. This form should be submitted at the counter of the Office of the Registrar within six (6) months of your transfer credit evaluation.**