

Transfer Credit Re-Evaluation Request

Please read these instructions carefully. Forms not completely filled out will be returned to you. **Submit this completed form to the Registrar's Office, Towers 027.**

READ THE FOLLOWING INFORMATION BEFORE SUBMITTING THIS FORM:

(Read and initial each statement indicating you understand the conditions)

- For re-evaluation of transfer credit <u>which may be applicable to your major or minor</u> you will need to contact the department chair for a decision. Course information and syllabi will be required. If the department chair approves your request he/she must send a substitution/waiver form to the Registrar's Office in order for the revision to appear on your academic record.
- For a re-evaluation of transfer credit for courses outside of your major or minor, complete the information below and attach a copy of the course syllabus for each course to be reviewed. **Additional comments may be added on the back side of this form.**
- This form should be submitted to the Office of the Registrar within six (6) months of your original transfer credit evaluation.
- _____ Knowledge of prerequisites, the residency requirement, and limits on transfer credit is the responsibility of the student. Information can be found in the Otterbein University Undergraduate Catalog.

| Name: | Student ID #: A | | |
|--|--------------------------------|---|--|
| Phone: | E-Mail: | Term course was taken: | |
| Institution from which the course wa | as transferred: | | |
| Advisor's Name: | Advisor's Dept: | | |
| Advisor's Signature: | Date: | | |
| Course Taken (List course prefix and #) Ex: ECON 2200, Macroeconomics | Credit Hours (Sem. or Qtr.) | Otterbein credit you wish to receive (List course prefix and #) Ex: INST 1501 | For Office Use Only Approved? Y / N |
| | | | |
| | | | |
| | | | |
| I have attached a course description and/or syllabus for the course(s) I plan to take (<i>required</i>). | | | |
| Student Signature | | Date | |
| For Office Use Only | | | |
| Signature of Registrar's Office Official: | | Date: | |



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Use the lines below to add any additional comments: