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 which may be applicable to your major or minor 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 #: __________________________

Phone: ___________________ E-Mail: ___________________________ Term course was taken: __________

Institution from which the course was transferred: ____________________________________________

Advisor’s Name: ___________________________________ Advisor’s Dept: _______________________

Advisor’s Signature: _______________________________ Date: ________________________________

<table>
<thead>
<tr>
<th>Course Taken</th>
<th>Credit Hours</th>
<th>Otterbein credit you wish to receive</th>
<th>For Office Use Only</th>
</tr>
</thead>
<tbody>
<tr>
<td>(List course prefix and #)</td>
<td>(Sem. or Qtr.)</td>
<td>(List course prefix and #)</td>
<td>Approved? Y / N</td>
</tr>
<tr>
<td>Ex: ECON 2200, Macroeconomics</td>
<td></td>
<td>Ex: INST 1501</td>
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☐ I have attached a course description and/or syllabus for the course(s) I plan to take (required).

Student Signature _______________________________ Date ____________________

For Office Use Only

Signature of Registrar’s Office Official: _______________________________ Date: ____________________
Use the lines below to add any additional comments: