

# Undergraduate Transfer Credit Evaluation

(for use by currently enrolled or former UNI students only)

Today's Date: \_\_\_\_\_

- For Major or Minor credit: Please obtain Departmental approval prior to submitting to Office of Admissions
- Attach course descriptions and submit with completed form.

Name \_\_\_\_\_ Student Number \_\_\_\_\_ UNI Major \_\_\_\_\_ Classification \_\_\_\_\_

Local Address \_\_\_\_\_ E-mail: \_\_\_\_\_ Phone Number \_\_\_\_\_

Transfer College _____ Location (City, State) _____ Attendance(term/year) _____
Transfer Course Number _____ Transfer Course Title _____
Preferred UNI Equivalent _____ to satisfy: Major or minor / LAC / Elective (circle one) # of Semester Hours _____ or Quarter _____
Notes:
UNI Equivalent _____ Approved By: _____ Date _____

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Notes:

UNI Equivalent \_\_\_\_\_ Approved By: \_\_\_\_\_ Date \_\_\_\_\_

Admissions Signature \_\_\_\_\_ Date: \_\_\_\_\_ (Valid for One Year)

Return to: **Admissions Office, 002 Gilchrist Hall, Cedar Falls, IA 50614-0018**