National Student Exchange 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 __________________________________________

Last      First      M.I.

Local Address ____________________________________________  Phone Number __________________________  Classification __________________________

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 ____________________________

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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<th>Transfer College</th>
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Preferred UNI Equivalent to satisfy: Major or minor / LAC / Elective (circle one)  # of Semester Hours _________ or Quarter _________

Notes:

UNI Equivalent _________________ Approved By: _________________ Date: _________________

Admissions Signature ___________________________________________ Date: ___________________________ (Valid for One Year)

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