Print Form

SHENANDOAH UNIVERSITY™

EVALUATION OF TRANSFER CREDIT

Name ______ **ID #** ______ **Degree/Major** ______

Institution(s) ______

If No Course Credit To Be Transferred, Check Here ☐ **Date of Evaluation** ______

If This Is An Updated Evaluation, Check Here ☐

Institution	Course #	Course Title	Term/Year Taken	Grade	SU Equivalent	SU Credit Hours*
					Total credits to transfer in	

***NOTE: One quarter credit is equal to .66 semester credit.**

Evaluator Signature Date