Request for Evaluation of Transfer Credit

Complete this portion of the form for each course to be evaluated; attach course description, syllabus, or other relevant information; and forward to Penelope V. Cain, Transfer Articulation Coordinator, 177 Holley-Mears Building + 2100.

Course to be evaluated:

Originating Institution: ____________________________ Catalog Year(s): ____________________

State: __________________________ Country (for international courses only) __________________________

Course Prefix and Number: __________ Credit Hours Earned: (Sem.hrs) ________ (Qtr hrs) ________

Course Title: ______________________________________________________

Comments: ______________________________________________________

Requested by: __________________________ Position: __________________________ Department: __________________________

Date: __________________________ Campus address: __________________________ Phone: __________________________

Requested for (student’s name): __________________________ SSN __________________________ Phone: __________________________

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To be submitted by the evaluating department (complete all that apply):

If the course is equivalent to a UAB course, specify which course: __________________________ (Prefix/Number)

This course is not equivalent, however, these credits may be applied toward Core/General Studies as:

_____________________________________________________________________________________.

This course is not equivalent, however, these credits may be applied toward the major in _______; or the minor in ________.

This course is approved for general elective credit only ________________ (check % to confirm).

Comments: ______________________________________________________

Is this course not acceptable for credit at UAB? No, it is not _____ Explain why not (e.g. developmental, remedial, technical):

_____________________________________________________________________________________

Evaluator: __________________________ Position: __________________________

Date: __________________________ Department/School: __________________________

Return completed form to Penelope V. Cain, Transfer Articulation Coordinator, 177 HMB + 2100; phone 975-2720; fax 934-9539.

The above evaluation has been approved for articulation at the University of Alabama at Birmingham on ________________ (Date)

by ___________________________________________ (Signature) 11-99