

REQUEST FOR DEPARTMENT REVIEW OF TRANSFER COURSE

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Please print document once all maroon fields are filled in

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Last Name

First Name

Middle Name

Student UIN

College: Engineering

Major: MEEN

TAMU Entry Date:

COURSE(S) FOR REVIEW

Reevaluation of the following transfer course(s) from the TAMU Transfer Credit Evaluation (TCE) on student's transcript:

1)
TCE Course/# Course Title Grade Credits

2)
TCE Course/# Course Title Grade Credits

Name of College/University offering course(s):

Adviser comments:

Can the above course(s) substitute for TAMU's

(Adviser signature)

(Date)

ACADEMIC DEPARTMENT REVIEW

NAME OF EVALUATOR AND OFFICE ADDRESS:

Please bring (to the evaluator) with you the following material to aid in the evaluation of the course:

1. A course description (minimum requirement)
2. Course Syllabus
3. Name of Textbook
4. Any other supporting documentation such as homework, course notes, projects, tests, quizzes, etc.

BELOW IS TO BE FILLED OUT BY EVALUATOR ONLY

If the course is an appropriate substitute for a TAMU course, the course may be used to meet a degree requirement. If it cannot be compared to any TAMU course, mark "No Change."

	Transfer course:	Substitute for:	No change
1)	<div style="border: 1px solid black; width: 150px; height: 30px; margin: 0 auto;"></div> TCE Course/#	<div style="border: 1px solid black; width: 150px; height: 30px; margin: 0 auto;"></div> TAMU Course/#	
2)	<div style="border: 1px solid black; width: 150px; height: 30px; margin: 0 auto;"></div> TCE Course/#	<div style="border: 1px solid black; width: 150px; height: 30px; margin: 0 auto;"></div> TAMU Course/#	

Evaluator's Comments:

Department evaluator's signature: _____ (Date)

******* RETURN THIS FORM TO THE ADVISER AFTER DEPARTMENT EVALUATION *******