

Transfer Credit Evaluation

Name:

SSN:

Major:

Program Year:

Term:

Transcript 1 from:

Dated:

Last Term:

Transcript 2 from:

Dated:

Last Term:

Evaluation by:

Date Updated:

<i>University:</i>	<i>Credits</i>	<i>UD Equivalent Course(s)</i>	<i>Credit</i>

Notes: