

TRANSFER EVALUATION FOR GRADUATE-LEVEL PROGRAMS

This form is to be completed by the Dean or Program Director of the program in which the student wishes to receive graduate credits. This form, along with the official transcript, must be returned to the Office of the Registrar for final approval and processing.

INSTITUTION(S) ATTENDED: _____

STUDENT NAME: _____
 I.D. NUMBER: _____

COURSE# and TITLE	HRS	GRADE	UNIV OF FINDLAY EQUIVALENT

TOTAL SEMESTER HOURS ACCEPTED: _____ (Quarter hours will be converted)

 Signature of Dean or Program Director

 Date

 Signature of Registrar

 Date

Original Copy (Office of the Registrar)
 Copies to Student Adviser and Student