

Date Received:

Office of the Registrar | Old Main Room 32 Mail: 1000 N. Main St. Findlay, OH 45840

03/2021

Email: registrar@findlay.edu Phone: 419-434-4556

Transfer Evaluation Request 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 credit. Please include the student's official transcript when submitting this form.

| Student's Name: | | Student ID: | | |
|---------------------------------------|-----------------|---------------------|-------|---------------|
| Institution(s) Attended: | | | | |
| | | | | |
| Course Subject Code and Number | Course Title | Credit Hours | Grade | UF Equivalent |
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| | | | | |
| Total Semester Hours Acce | epted: (Quarter | hours will be conve | rted) | |
| Signature of Dean or Program Director | | Date | | |
| Office of the Registrar Signature | | Date | | |
| | | | | |
| OFFICE USE ONLY | | | | |