

**REQUEST FOR RE-EVALUATION OF COURSE WHICH  
TRANSFERRED "BY TITLE"**

*Instructions:*

- 1. This form should be prepared and carried by the student to the chairperson or dean of the academic unit in which similar courses are taught.*
- 2. When the evaluation has been completed, please return the form to the Office of the Registrar in 105 Whichard.*

DATE \_\_\_\_\_

NAME \_\_\_\_\_ Last 4 digits of SSNor ECU ID: B \_\_\_\_\_  
(Last) (First)

COURSE TITLE AND NUMBER: \_\_\_\_\_

COLLEGE OR UNIVERSITY FROM WHICH COURSE WAS TRANSFERRED:

\_\_\_\_\_

AUTHOR OF TEXT USED IN COURSE: \_\_\_\_\_

TITLE OF TEXT USED IN COURSE AND COURSE DESCRIPTION:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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SPACE BELOW FOR USE BY APPROPRIATE DEPARTMENT CHAIRPERSON

COURSE IS EQUIVALENT TO \_\_\_\_\_  
(DEPT) (COURSE NUMBER)

\_\_\_\_\_  
(DEPARTMENT CHAIR)

\_\_\_\_\_  
(DATE)

FOR THIS STUDENT ONLY.

ADMISSIONS UPDATE (PERMANENT FOR ALL STUDENTS).