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 or by email to regis@ecu.edu.

DATE: ____________________________

NAME: ___________________________________ 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:

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

SPACE BELOW FOR USE BY APPROPRIATE DEPARTMENT CHAIRPERSON

COURSE IS EQUIVALENT TO: _____________________________________________

(DEPARTMENT) (COURSE NUMBER)

_____________________________________________________________________

(DEPARTMENT CHAIR) (DATE)

☐ FOR THIS STUDENT ONLY

☐ ADMISSIONS UPDATE (PERMANENT FOR ALL STUDENTS)