REQUEST FOR DEPARTMENT REVIEW OF TRANSFER COURSE

Student name: ____________________________
(Last) ____________________________ (First) ____________________________ (Middle) ____________________________ (ID#)

College: ____________________________ Currr/Major: ____________________________ ISU Entry Date: ____________________________

Course(s) for Review

Reevaluation of the following transfer course(s) from the ISU Transfer Credit Evaluation (TCE) form:

<table>
<thead>
<tr>
<th>TCE Course/#</th>
<th>Course Title</th>
<th>Grade</th>
<th>Credits</th>
</tr>
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<tbody>
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<tbody>
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</table>

Name of College/University offering course(s):

Adviser's comments:

________________________________________________________________________________________

________________________________________________________________________________________

(Adviser signature) ____________________________ (Date) ____________________________

Academic Department Review

NAME OF EVALUATOR:

OFFICE ADDRESS:

When a course is evaluated as equivalent, the University Admissions file for that course will be permanently changed for the transfer institution. If the course is not equivalent but an appropriate substitute for an ISU course, the course might be used to meet a degree requirement. If it cannot be compared to any ISU course, mark "No Change".

<table>
<thead>
<tr>
<th>Transfer course</th>
<th>Equivalent to</th>
<th>Substitute for</th>
<th>No change</th>
</tr>
</thead>
<tbody>
<tr>
<td>TCE Course/#</td>
<td>ISU Course/#</td>
<td>ISU Course/#</td>
<td></td>
</tr>
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<td>ISU Course/#</td>
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</tbody>
</table>

Evaluator's Comments:

________________________________________________________________________________________

Department evaluator's signature: ____________________________ (Date) ____________________________

********** RETURN THIS FORM TO THE ADVISER REQUESTING RE-EVALUATION **********

For College Office Action

Approval By College For Department Reviewing Course

The recommended change(s) for the above course(s) are _______ Approved * _______ Denied.

* Admissions Office records should be updated as shown above.

College Signature: ____________________________

College (Student Services/Classification) Office For College In Which Student Is Enrolled

_____ Copy made for Classification Office and adviser

_____ Original forwarded to Admissions.

(Date & initial)