

Transfer Credit Evaluation Form

Department of Chemistry, UNC Charlotte

Print Name _____ Major _____

UNC Charlotte Student ID 800-_____

Contact information _____

e-mail address _____

local phone number _____

Are you a second-degree seeking student? Yes No**Transfer Credit Course Information:**Name of college/university transfer credit is from:
_____Course prefix and number: _____
(list lecture and lab separately if they were separate courses)

Number of credits: _____

 Semester course Trimester courseAcademic term the course was taken: Fall Spring Summer _____**UNC Charlotte Course Information:**

Asking to receive credit for CHEM _____

(If you are not sure what course(s) you should receive credit for, please leave blank.)

The following documentation must be attached for evaluation of the transfer credit:

- Course description from the Undergraduate Catalog of the transfer credit university.
- Course syllabus that includes a) the textbook used (title, author(s), edition) and b) the topics from the textbook that were covered. The syllabus can be a current syllabus from the transfer credit university if the syllabus during the time the course was taken was not retained.

Students do not write below this line.

UNC Charlotte Chemistry faculty recommendation: Approved Not Approved

Comments: _____

Faculty signature_____
Faculty print name_____
dateProcessed by _____
initials date