TRANSFER CREDIT RECOMMENDATION FORM

This form is intended for students who have been formally admitted to Utah State University. Students who have not been admitted should contact the Admission’s Office.

Please read carefully. All steps must be completed in order to be considered for evaluation.

STEP 1 - Student Instructions:
- A separate form should be used for each subject and each transfer institution.
- Complete the bottom portion of this form to request that your transfer work be evaluated for possible acceptance at Utah State University.
- Attach the course description for each class being evaluated (additional materials may be requested such as course syllabi, transcript and/or catalog information).
- Obtain Advisor’s Signature

*NOTE: This evaluation is valid for your current major or degree program. If you change your major or pursue a different degree, credit is subject to reevaluation and may or may not be accepted.*

Name: ____________________________  A#: ____________________________
Email: ____________________________  Phone: ____________________________
Transfer Institution: ____________________________  Advisor: ____________________________
Student Signature: ____________________________  Date: ____________________________

STEP 2 - Advisor Instructions:
- Advise the student about their transfer work.
- Sign and date the form.
- Send to Academic Department Articulation Representative.

STEP 3 - Academic Department (Articulation Rep) Instructions:
- Evaluate the transfer credit for the above student for possible acceptance at USU.
- Please contact the student if more information is needed to make a decision at the above email and/or phone number.
- Sign and send the completed evaluation form to the Articulation Office (UMC 1600).

It is recommended that the following action be taken:
- No credit given; please explain: ____________________________________________
- Add the following transfer courses, with grades, to student’s USU transcript:

<table>
<thead>
<tr>
<th>Transfer Course</th>
<th>Course Title</th>
<th>Semester</th>
<th>Credit</th>
<th>Grade</th>
<th>Requested USU Equivalent Course</th>
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__________________________  Date  ____________________________
Academic Department (Articulation Rep)  Advisor

FOR OFFICE USE ONLY
Date Received: __________  □ Record Adjusted  □ Emailed Student  Processed By: ____________________________

Updated 5-1-14