

Department Evaluation of Transfer Credit(s)

Personal Information

Semester: _____ EMPL ID: _____

Name: _____
Last First

Phone: Home _____ Cell _____ Work _____

York E-mail Address: _____

College(s) Attended

Students Current Major: _____

College(s) Attended: _____

Evaluation of Credit(s)

Please evaluate the following course(s). In each case indicate department, course number (or Blanket Credit (BL) where there is no equivalent course), and credit. Where applicable indicate any course(s) to be excused.

Enclosed is a copy of the course description. When completed, please return to the Office of the Registrar (Rm- AC 1H08):

Evaluator(s)

<input type="checkbox"/> N. Reece	<input type="checkbox"/> P. Park	<input type="checkbox"/> G. McDowell	<input type="checkbox"/> O. Savariau
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Course Title & Number	Department	Course Number	Credit(s)

Evaluated By: _____ Dept.: _____

Dept. Chairperson: _____ Date: _____
Signature