Transfer Course Evaluation

for Courses from Non-Regionally Accredited Institutions

NDNU	ID	#

Last Name

First Name

Middle Name

NDNU Staff Requester

Transfer Institution Name

Degree-granting?

Institutional or Program Accreditation (or candidacy status) at the time the course was taken.

Procedure

NDNU will, upon request, review credits earned at a non-regionally accredited institution to determine if the coursework is acceptable for transfer. The Transfer Course Evaluation form is to be completed by an NDNU official only. Please use a separate form for GE or major requirements, and one for each institution. Submit the completed form to the Office of the Registrar.

	Dept Name (in full)	Course #	Course Title		# of Units
					🗆 Sem.
					🗆 Qtr.
Type of credit req	uested	NDNU Crs #	NDNU Course Title, for which credit will be evaluated		# of Units
GE Major					Sem.
Department Chai	r or Equivalent Officer	Choose one:			
I have reviewed	the materials provided a	nd approve the sp	pecific transfer credits stated above.		
🗆 I do not approve	e the transfer credits state	ed above. Rationa	ale for denial:		
□ I approve the fo	llowing course, in place o	f the course state	d above (code, title, units) :		
Signature (Depart	tment Chair or Equivale	nt Officer)	Name	Dept	Date
2 Dept Code	Dept Name (in full)	Course #	Course Title	1	# of Units
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Type of credit req	uested	NDNU Crs #	NDNU Course Title, for which credit will be evaluated		# of Units
GE Major					Sem
-	r or Equivalent Officer	Choose one:			Sem
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