

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.

1	Dept Code	Dept Name (in full)	Course #	Course Title	# of Units <input type="checkbox"/> Sem. <input type="checkbox"/> Qtr.
Type of credit requested <input type="checkbox"/> GE <input type="checkbox"/> Major		NDNU Crs #	NDNU Course Title, for which credit will be evaluated		# of Units Sem.
Department Chair or Equivalent Officer Choose one: <input type="checkbox"/> I have reviewed the materials provided and approve the specific transfer credits stated above. <input type="checkbox"/> I do not approve the transfer credits stated above. Rationale for denial: _____ <input type="checkbox"/> I approve the following course, in place of the course stated above (code, title, units) : _____					
_____ Signature (Department Chair or Equivalent Officer)		_____ Name		_____ Dept	_____ Date
2	Dept Code	Dept Name (in full)	Course #	Course Title	# of Units <input type="checkbox"/> Sem. <input type="checkbox"/> Qtr.
Type of credit requested <input type="checkbox"/> GE <input type="checkbox"/> Major		NDNU Crs #	NDNU Course Title, for which credit will be evaluated		# of Units Sem.
Department Chair or Equivalent Officer Choose one: <input type="checkbox"/> I have reviewed the materials provided and approve the specific transfer credits stated above. <input type="checkbox"/> I do not approve the transfer credits stated above. Rationale for denial: _____ <input type="checkbox"/> I approve the following course, in place of the course stated above (code, title, units) : _____					
_____ Signature (Department Chair or Equivalent Officer)		_____ Name		_____ Dept	_____ Date
3	Dept Code	Dept Name (in full)	Course #	Course Title	# of Units <input type="checkbox"/> Sem. <input type="checkbox"/> Qtr.
Type of credit requested <input type="checkbox"/> GE <input type="checkbox"/> Major		NDNU Crs #	NDNU Course Title, for which credit will be evaluated		# of Units Sem.
Department Chair or Equivalent Officer Choose one: <input type="checkbox"/> I have reviewed the materials provided and approve the specific transfer credits stated above. <input type="checkbox"/> I do not approve the transfer credits stated above. Rationale for denial: _____ <input type="checkbox"/> I approve the following course, in place of the course stated above (code, title, units) : _____					
_____ Signature (Department Chair or Equivalent Officer)		_____ Name		_____ Dept	_____ Date