



TRANSFER CREDIT RE-EVALUATION FORM

STUDENT INFORMATION

Last Name	First Name	Middle Initial
EMPL ID #	Phone:	
Email:	Major:	

SCHOOL INFORMATION

Please give us the name(s) of the school(s) from which you are requesting transfer credit

1)	5)
2)	6)
3)	7)
4)	8)

List the course(s) to be re-evaluated

*Note: The course(s) must be equivalent to courses offered at City Tech in order to be transferred
Please attach a transcript, course description, or other supporting documentation for courses being re-evaluated*

Course Name & Number	School Name	Course at City Tech
1)		
2)		
3)		
4)		
5)		
6)		

Student Signature:

Date:

STAFF ONLY

Date:	Comment:	Staff Initials