

Request for Transfer Credit Evaluation

Name:	ame: Birthdate:				
ASUN Student ID / Last	Four of SSN:				
Program of Study at A	SUN:				
ci	nnaturo.		Date		
Signature ASUN requires that transfer students submit an official tra		ii ai al transarint from tha	ranscript from the most recent post-secondary institution attended.		
accurately award transfappear on the transcript Special note for students official copy of all posts Courses outside of the coursework and must in who present official transclock hour to semester h	er credit. If you wish to he the from the last institution is who plan to use Vetero secondary transcripts be general education cores. In these circumstance form the Registrar's officenscripts displaying contents our course equivalent course, to be determined	ave other transcripts ex you attended, you will an's Educational benef e on file (per the Schoo will be evaluated for a es, a student must de ce of his or her intent to act hour (or clock hou redit toward their declar	valuated for possible transposed to provide these to receive the vertical representation of the vertical representation of the variation of the vertical representation of the variation of the v	nistration requires that an	
				ed to the student's ASUN flected on the transcript.	
Please list each post-s schools).	econdary institution a	uttended (colleges, u	niversities, trade schoo	ols, and vocational	
Please list courses cor			e probable equivalent	course that appears	
Post-Secondary Institution	Course Index	Course Title	ASUN Course	Is this course required for your current degree program?	

Submission of this form does not guarantee courses will transfer to ASUN. The Registrar (or designee) may deny transfer requests based upon course equivalency.