

Request for Transfer Credit Evaluation Office of the Registrar | registrar@asun.edu | 870.512.7864

Name:			Birthdate:	
ASUN Student ID / Last	Four of SSN:			
Program of Study at A	SUN:			
Sig	gnature		Date	
ASUN requires that transf	er students submit an off	icial transcript from the	most recent post-secon	dary institution attended.
	er credit. If you wish to h	ave other transcripts ev	aluated for possible trai	leges attended to more nsfer credits that may not to ASUN.
Special note for students official copy of all post-s				nistration requires that an pages 118,119).
for ASUN equivalencies coursework and must in who present official traiclock hour to semester hor certificate of proficie awarded for Associate In	In these circumstance form the Registrar's officenseripts displaying controlled course equivalent course, to be determined evel programs.	es, a student must de ce of his or her intent to act hour (or clock hou redit toward their declo I by the program direc	eclare a major requiring seek program specificer) coursework with passured major, which must ketor. Contact (or clock	pecific program directors g career and technical c transfer credit. Students sing grades may receive be a technical certificate hour) credits will not be
				led to the student's ASUN eflected on the transcript.
Please list each post-s schools).	secondary institution o	ıttended (colleges, uı	niversities, trade scho	ols, and vocational
Please list courses cor on your degree plan f Post-Secondary Institution			e probable equivalent 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.