Andrews ♦ University

TRANSFER CREDIT EVALUATION

Off-Campus Site _____

Name _____ AU ID # _____
        First   Middle   Last

Address _____

_____ Phone _____ E-mail _____

Faculty _____ Department _____

Degree _____ Major(s) _____ Minor(s) _____

Anticipated Graduation Date _____ Off-Campus Agreement _____

Courses Taken Previously Check (✓) one: [ ] Quarter credits [ ] Semester credits						Equivalent AU Courses (Semester credits)		
Course #	Course Title	Institution	Cr	Gr	Term Taken	Course #	Course Title	Cr

Total Number of Credits required for your degree: _____

Total Number of Transfer Credits Recommended: _____

Signatures: _____ _____
              Transfer Credit Counselor   Date

_____ _____
              Faculty Dean   Date

Date Applications sent to AU: _____ Reply Received: _____

ANDREWS UNIVERSITY RECORDS OFFICE ONLY

INSTITUTIONAL ACCREDITATION: **Signature and Date:** _____ _____
    [   ] Verified   [   ] Please provide accreditation information from an official source.

REQUESTS FOR CREDIT: **Signature and Date:** _____ _____
    [   ] Approved   [   ] Denied   [   ] More information needed

COMMENTS: