Transfer Credit Evaluation Form
Department of Chemistry, UNC Charlotte

Print Name ___________________________ Major ___________________________

UNC Charlotte Student ID 800-____________________

Contact information ___________________________ e-mail address ___________________________

Are you a second-degree seeking student? □ Yes □ No

Transfer Credit Course Information:
Name of college/university transfer credit is from:
__________________________________________________________

Course prefix and number: _____________________________
(list lecture and lab separately if they were separate courses)

Number of credits: _____________________________

□ Semester course □ Trimester course

Academic term the course was taken: □ Fall □ Spring □ Summer _________

UNC Charlotte Course Information:
Asking to receive credit for CHEM _______
(If you are not sure what course(s) you should receive credit for, please leave blank.)

The following documentation must be attached for evaluation of the transfer credit:
• Course description from the Undergraduate Catalog of the transfer credit university.
• Course syllabus that includes a) the textbook used (title, author(s), edition) and b) the topics from the textbook that were covered. The syllabus can be a current syllabus from the transfer credit university if the syllabus during the time the course was taken was not retained.

Students do not write below this line.

UNC Charlotte Chemistry faculty recommendation: □ Approved □ Not Approved

Comments: ____________________________________________

________________________________________

Faculty signature ___________________________ Faculty print name ___________________________ date ___________

Processed by ______________ initials ______________ date ___________