

University of Puget Sound Transfer Evaluation Request

<u>Purpose:</u> This form is used to determine if courses taken at another U.S. college or university are applicable to the Puget Sound degree. <u>Instructions:</u> Complete Sections I-III below. Please submit a separate form for each college you may attend. Email the form(s) to the Office of the Registrar (registrar@pugetsound.edu). **BE ADVISED: University core, upper-division and language graduation requirements cannot be satisfied by online courses. Students may not concurrently enroll in**

courses at another school while taking Puget Sound courses. To do so requires a petition to the faculty's Academic Standards Committee.

I. Stud	ent Personal Information	II. Transfer School Informatio	n
Student Name:	Major(s):	Term & Dates of Year of study:	
UPSID:	Minor(s) or	Name of	
UPS Email:	Emphasis:	College/University:	
Cell	Faculty	City, State of	
Phone:	Advisor(s):	College/University:	

III. Proposed Transfer Coursework

	Department Code, Course Number & Course Title Indicate online courses with asterisk (*).	<u># Credits</u> Listed by Other School	<u>Reason for</u> <u>Course</u>	Date received: Credit Equivalency: 1 UPS unit =
1				
2				
3				
4				
5				

Transfer Evaluator: _____

Evaluation Completion Date:

IV. Transfer Determination

This form verifies the transfer eligibility of the course(s) listed. When signed by a Puget Sound Evaluator, the university accepts this study plan in principle. AN EVALUATOR'S SIGNATURE ON THIS FORM WILL NOT EXCUSE A STUDENT FROM UNIVERSITY OR DEPARTMENT RESIDENCY REQUIREMENTS. The final evaluation of transfer credit will be based upon the official academic credentials submitted. IT IS THE STUDENT'S RESPONSIBILITY TO HAVE AN OFFICIAL TRANSCRIPT SUBMITTED, IMMEDIATELY UPON COMPLETION OF THE TRANSFER COURSES, TO: Office of the Registrar, 1500 N. Warner St., University of Puget Sound, Tacoma WA 98416-1034. Registrar's Phone: (253) 879-3217 FAX: (253) 879-3108