

**REQUEST FOR RE-EVALUATION OF COURSE WHICH
TRANSFERRED "BY TITLE"**

Instructions:

- 1. This form should be prepared and carried by the student to the chairperson or dean of the academic unit in which similar courses are taught.*
- 2. When the evaluation has been completed, please return the form to the Office of the Registrar in 105 Whichard.*

DATE _____

NAME _____
(Last) (First)

ECU ID Number: B _____

COURSE TITLE AND NUMBER: _____

COLLEGE OR UNIVERSITY FROM WHICH COURSE WAS TRANSFERRED:

AUTHOR OF TEXT USED IN COURSE: _____

TITLE OF TEXT USED IN COURSE AND COURSE DESCRIPTION:

SPACE BELOW FOR USE BY APPROPRIATE DEPARTMENT CHAIRPERSON

COURSE IS EQUIVALENT TO _____
(DEPT) (COURSE NUMBER)

(DEPARTMENT CHAIR)

(DATE)

FOR THIS STUDENT ONLY.

ADMISSIONS UPDATE (PERMANENT FOR ALL STUDENTS).