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 ___________________________________________ ECU ID Number: B __________

(Last) (First)

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:

________________________________________________________________________________

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SPACE BELOW FOR USE BY APPROPRIATE DEPARTMENT CHAIRPERSON

COURSE IS EQUIVALENT TO (DEPT) (COURSE NUMBER)

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(DEPARTMENT CHAIR) (DATE)

☐ FOR THIS STUDENT ONLY.

☐ ADMISSIONS UPDATE (PERMANENT FOR ALL STUDENTS).