

REQUEST FOR REEVALUATION OF TRANSFER CREDITS

Use this form to petition your college to reevaluate how a transfer course fits into your degree program. Provide detailed information about your request.

Before you use this form, make sure the course has already been evaluated for equivalency. Visit z.umn.edu/CreditEvaluation.

DIRECTIONS

1. The student and college advisor complete sections A, B, C, and D together.
2. For section E, deliver the form to the correct office based on what college offers the course:
 - CLA, CSE, CEHD, or CFANS: deliver to the department offering the course (refer to advisor for specific instruction).
 - CBS, CSOM, CCAPS, CDES, and SON: deliver to the college's central office listed on page 2.
3. After section E is completed, return the form to the college advisor indicated in section D.
4. The student's college advisor will determine appropriate routing for Section F.

SECTION A: STUDENT INFORMATION			
Name (last, first, middle)		University ID	
University email	College	Major	
SECTION B: COURSE INFORMATION			
Name of institution		City	State
		Country	
Department		Course number (ex. CHEM 2112)	
Course title			
Number of credits	Type of term <input type="checkbox"/> Semester vs. <input type="checkbox"/> Quarter	Term and year course was taken	
SECTION C: REASON FOR PETITION			
Choose how you would like the course to be reevaluated. <input type="checkbox"/> Determine that a transfer course can be used to fulfill a major requirement <input type="checkbox"/> Reclassify the level of the transferred course (for example, from 3xxx to 4xxx) <input type="checkbox"/> Transfer the course for credit (the course was originally deemed non-transferrable)			
Briefly explain why and how you would like the course to be reevaluated.			
SECTION D: ADVISOR CONTACT INFORMATION			
Academic advisor name		Phone	
Office location		Email	

Continue to section E of this form on page 2.



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SECTION E: DEPARTMENT RECOMMENDATION

All major/minor requirement exceptions should be noted on the student's program form and/or APAS.

Indicate the transfer reevaluation decision.

There is NO equivalent course.

The course does not transfer.

This course can be used in lieu of the following course or requirement: _____

The course will be reclassified from level _____ to level _____

This course will transfer for credit for this student, although it was originally deemed non-transferable.

Is this decision applicable for all Twin Cities students? Yes No

Comments

Department representative name	Email	Phone
Department representative signature	Date	

SECTION F: FINAL ACTIONS/RETURN FORM TO

Office (student's advisor or college student services office)	Phone
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If the department recommends this decision be applied to all students, route the completed form to TES@umn.edu after the transfer process is finished.

COLLEGE OFFICES

College of Biological Sciences (CBS)
 3-104 Molecular & Cellular Biology
 420 Washington Ave SE, Minneapolis, MN 55455
 612-624-9717 | ssfrdsk@umn.edu
 Campus Mail Code: 6174A

Carlson School of Management (CSOM) Undergraduate
 2-190 Hanson Hall 1925 4th Street S.
 Minneapolis, MN 55455
 612-624-3313 | advisbsb@umn.edu
 Campus Mail Code: 7041

College of Continuing and Professional Studies (CCAPS)
 Student Services and Advising 20 Ruttan Hall
 1994 Buford Avenue, St. Paul, MN 55108
 612-624-4000 | cceadvis@umn.edu
 Campus Mail Code: 6045B

College of Design (CDES)
 12 McNeal Hall
 1985 Buford Ave., St. Paul, MN 55108-6136
 612-624-1717 | cdesinfo@umn.edu
 Campus Mail Code: 811B

School of Nursing (SON)
 2-139 Weaver-Densford Hall
 308 Harvard Street SE, Minneapolis, MN 55455
 612-625-7980 | sonstudentinfo@umn.edu
 Campus Mail Code: 1331

