

REQUEST FOR EVALUATION OF INTERNATIONAL CREDITS

Use this form to request that your college evaluate how an international transfer course fits into your degree program. This form cannot be used to request a change in credit conversion. See the international transfer credit policy (z.umn.edu/CreditEvaluation) for details. Provide detailed information about your request for the reviewing committee. Submit a course syllabus or detailed course description along with this form.

DIRECTIONS

1. The student completes section A and B. The student and advisor complete sections 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 of this form.
3. Once the course has been evaluated, the student should return the form to their academic advisor to determine the 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	Country
Department		Course number (if available)	
Course title			
Number of credits awarded		Term and year course was taken	
SECTION C: REASON FOR PETITION			
Has the course listed in section B already been transferred to the University of Minnesota? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Choose how you would like the course to be evaluated. (Check all that apply.)		<input type="checkbox"/> Determine whether the international course has an equivalent University course <input type="checkbox"/> Reclassify the level of the transferred course (for example, from 1xxx to 3xxx) <input type="checkbox"/> Transfer the course for credit (the course was originally deemed non-transferrable) <input type="checkbox"/> Determine whether the course can be articulated to a different department or course subject <input type="checkbox"/> Other (provide details below)	
Briefly explain why you would like the course to be evaluated.			
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 decision.

There is NO equivalent course.

The course does not transfer.

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

The course will be reclassified from level _____ to level _____

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

This course should be listed under the following subject: _____

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

Comments

Department representative name	Email	Phone
Department representative signature		Date

SECTION F: RETURN FORM FOR PROCESSING

If the decision action is to make an exception, the form should be routed per the college's best practices. If the decision action is the re-articulation of credits, the form should be returned to Undergraduate Admissions in 240 Williamson Hall.

Office (student's advisor or college student services office)	Phone
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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 Avenue, 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

