REQUEST FOR DEPARTMENT REVIEW OF TRANSFER COURSE --or-- MILITARY CREDIT lowa State University

Step 1: Student Information

Copy made for Adviser shown in Step 2

Last Name		First Name		ISU Unive	ISU University ID		
Major(s)	College of Primary Major						
*All courses below must be	eligible to be evaluated by the sa	course description and/ me academic department. Use a s w, please refer to the information	separate sheet	for each academic de			
Name of College offering	ng course(s):		City/State	or International C	ountry:		
ISU Dept. & Course #	Transfer Course and #	nsfer Course and # Transfer Course Title		Grade	Credits	Term taken	
ISU Dept. & Course #	Transfer Course and #	Transfer Course Title		Grade	Credits	Term taken	
ISU Dept. & Course # Adviser Comments:	Transfer Course and #	Transfer Course Title	Grade	Credits	Term taken		
Adviser's Name (print)	Office Location Adviser's signature			Date			
Step 3: Academic D	epartment for Review						
Department Office:		or-	Faculty Nar	me (print):			
Location:	Phone:		Email:				
equivalent. If the course $% \left(1\right) =\left(1\right) \left(1\right)$	is evaluated as a <u>substitute</u> , t	ons will permanently change the course may be used to me "Deny" and return to the advi	et degree red	quirements. If the c			
Transfer course	Substitute for	Equivalent as	Deny	Evaluator Com	ments		
Transfer Course & #	ISU Dept. & Course #	ISU Dept. & Course #					
Transfer Course & #	ISU Dept. & Course #	ISU Dept. & Course #					
Transfer Course & #	ISU Dept. & Course #	ISU Dept. & Course #					
Department Evaluator's Name (print)		Department Evaluator's signo		nature	ature Date		
		ourse Being Evaluated iss * DSGN: 297 Design for erify the departmental sign				-	
Student Services Office		, , , ,			11 -1	(- /	
Step 5: College Stude	ent Services Office of St	tudent's Primary Major					
Original forwa	arded to Admissions, 100 E	nrollment Services Center	(for equival	lent courses only)			