Re-Evaluation of Transfer Credit Form

Student Name_____
(Last, First)

UDID Number | | | | | | | | | |

Classification _____ **Major**_____

Credits taken at _____
(*Name of institution; include campus location.)*

Return this form to:

University Transfer Center
University Visitors Center
210 South College **Avenue**
Attn: Denise Lemon

Courses to be evaluated for transfer: ***University of Delaware equivalents:***

Course Number	Course Title	Credits	Course Number	Course Title	Credits	Faculty Approval	Posted