

National Student Exchange Transfer Credit Evaluation

(for use by currently enrolled or former UNI students only)

Today's Date: _____

- **For Major or Minor credit: Please obtain Departmental approval prior to submitting to Office of Admissions**
- **Attach course descriptions and submit with completed form.**

Name _____ Student Number _____ UNI Major _____
Last First M.I.

Local Address _____ Phone Number _____ Classification _____

Transfer College _____ Location (City, State) _____ Attendance(term/year) _____
Transfer Course Number _____ Transfer Course Title _____
Preferred UNI Equivalent _____ to satisfy: Major or minor / LAC / Elective (circle one) # of Semester Hours _____ or Quarter _____
Notes:
UNI Equivalent _____ Approved By: _____ Date _____

Transfer College _____ Location (City, State) _____ Attendance(term/year) _____
Transfer Course Number _____ Transfer Course Title _____
Preferred UNI Equivalent _____ to satisfy: Major or minor / LAC / Elective (circle one) # of Semester Hours _____ or Quarter _____
Notes:
UNI Equivalent _____ Approved By: _____ Date _____

Transfer College _____ Location (City, State) _____ Attendance(term/year) _____

Transfer Course Number _____ Transfer Course Title _____

Preferred UNI Equivalent _____ to satisfy: Major or minor / LAC / Elective (circle one) # of Semester Hours _____ or Quarter _____

Notes:

UNI Equivalent _____ Approved By: _____ Date _____

Transfer College _____ Location (City, State) _____ Attendance(term/year) _____

Transfer Course Number _____ Transfer Course Title _____

Preferred UNI Equivalent _____ to satisfy: Major or minor / LAC / Elective (circle one) # of Semester Hours _____ or Quarter _____

Notes:

UNI Equivalent _____ Approved By: _____ Date _____

Transfer College _____ Location (City, State) _____ Attendance(term/year) _____

Transfer Course Number _____ Transfer Course Title _____

Preferred UNI Equivalent _____ to satisfy: Major or minor / LAC / Elective (circle one) # of Semester Hours _____ or Quarter _____

Notes:

UNI Equivalent _____ Approved By: _____ Date _____

Admissions Signature _____ Date: _____ **(Valid for One Year)**
Return to: **Admissions Office, 002 Gilchrist Hall, Cedar Falls, IA 50614**