

Transfer Credit Evaluation Worksheet

Student Name _____ PSC Student ID# _____ Email address _____
 Student phone Number _____ Date _____

Transferring Institution Name _____ Address _____
 Contact Name _____ Phone # _____ Accreditation _____ Accreditation Date _____
 Does Institution offer Title IV Federal Financial Aid? _____ List Degrees offered at Institution (e.g. AS, AA, BS, BA) _____

Course Level (Fresh, Soph, Jr., Sr)	Course Number and Title Ex: CAP1000 Intro to Computer	Instructor's Name	Instructor's degree? PhD, Masters Name the academic discipline of the degree	Course Description/Syllabus (Indicate catalog page # below, attach the catalog or catalog page. <i>Also attach the course syllabus.</i>)	Instructional Hours (Must have written documentation that instructional hours are 15 credit hour per term.)
			Institution where degree was earned		

Please complete this worksheet for the courses eligible for *consideration*. You must attach documentation such as course syllabi or university/college catalog or copies of relevant catalog pages of the years you attended showing instructor name, degree conferred, discipline the degree is in, and proof of contact hours equal to 15 per credit given. You must also attach course syllabus and/or course description. Please highlight relevant information on attachments. If any required information is not documented, obtain an official statement from the registrar of the institution substantiating it. Attach all documentation to worksheet upon submission. An official acceptance of credits given will be provided to you in writing by the registrar's office at Polk State College with any applicable conditions noted. ***Only fully completed submissions will be reviewed.*** ***Submissions MUST be in the Office of the Registrar by the first day of the student's graduating term.*** Submissions are only accepted for current students. CREDIT ACCEPTANCE IS NEITHER IMPLIED NOR GRANTED BY COMPLETION OF THIS FORM.