

Southern Illinois University Edwardsville

Transfer Credit Re-Evaluation Request

Use of this form limited to admitted undergraduate students and for internal use only.

Student Instructions: Complete all shaded sections. Attach syllabus for each course and submit to Credit Articulation (address below). You will be notified of departmental decision via your SIUE email account.

Student Name _____ **ID Number** _____ **Date** _____

SIUE Email _____ **Major** _____ **Minor** _____

Transfer College or University (use one form for each institution)	
City/State of Transfer College or University	
Reason for further review of course(s): 	

To Be Completed by Student				To Be Completed by Department at SIUE		
<i>Transferring</i> Course Title	<i>Course</i> Prefix	<i>Course</i> Number	<i>Hours</i>	<i>SIUE Equivalent</i> Course Title	<i>Course</i> Prefix	<i>Course</i> Number

To Be Completed by Department at SIUE	
<input type="checkbox"/> Please add articulation(s) to the transfer credit database for use in future evaluations.	
<input type="checkbox"/> Articulation(s) should not be added to the transfer credit database. Individual assessment will be required prior to future awards of credit.	
Department	
Department Chair (please print)	
Department Chair Signature	
Date	
Return completed form to: Southern Illinois University Edwardsville Office of the Registrar, Credit Articulation & Degree Audit Rendleman 1207, Campus Box 1047 Edwardsville, IL 62026 Phone (618) 650-2838 Fax (618) 650-3332	