Transfer Credit Equivalency Request

INFORMATION AND PROCEDURES: (Complete one sheet for each requested equivalent course.)

Some transfer courses may need to be reviewed by the respective academic department before equivalency can be awarded. To have a course evaluated for equivalency to a specific RCTC course, submit this completed request along with the necessary supporting documentation listed below to the Admissions Office.

- Students are responsible for providing supplemental information and/or documentation related to the evaluation of a course(s) transferring from other institutions.
- Students will be notified of the results of this course review via e-mail within approximately three weeks of submitting the request. Final decisions may be appealed to the Academic Standards Committee by completing an Academic Petition Form - http://www.rctc.edu/admissions/html/student_forms.html. A transfer decision may be appealed through the Minnesota State Colleges and Universities Senior Vice Chancellor of Academic and Student Affairs (Procedure 3.21.1).

PLEASE PRINT CLEARLY IN INK.

Date: ________________________________

Name: ________________________________________________________________________    Student ID: ______________________________

Last                                                             First                                                   Middle

I have attached the following supporting documentation: (Check all that apply.)

☐ Course Description  ☐ Course Syllabus  ☐ Textbook Information  ☐ Reading List  ☐ Student Statement/Rationale

I believe the following course(s) to be equivalent to the RCTC course(s) listed: (Complete one sheet per course)

Please consider the course(s) listed below from: _____________________________________________________________ (College/Institution)

Date(s) Attended: ____________________________

<table>
<thead>
<tr>
<th>Course #</th>
<th>Course Title</th>
<th>Credits</th>
<th>RCTC Course (ex. ENGL 1117)</th>
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OFFICE USE ONLY (TO BE COMPLETED BY FACULTY AND DARS TRANSFER EVALUATION SPECIALIST ONLY):

☐ Approved  ☐ Not Approved  RCTC Course equivalent: ________________________________

Reviewed by: ___________________________________________    Date: ____________________________

(Dept. Head/Faculty Member)

Adjustment processed by: ______________________ (Date)

E-mail to Student: ____________________________  FICE: ____________________________

(DARS Transfer Eval Spec)

**Faculty Comment Box:**