



Tzu Chi University
Request for Transfer Credit Evaluation

A. Personal Information:

Last or Family Name
First
Middle
Student ID#

B. Request for Transfer Credit Evaluation

University or college you attended:

University or college
From (month/year)
To (month/year)

Courses taken elsewhere <i>(Attach transcript and syllabus)</i>	TCU course equivalent	To be completed by evaluator		
Course Number, Title, Indicate the Year, Semester (Quarter) of Taking, and Total Units	Course Number, Title, and Semester Units		Signature	Semester Units Granted
		<input type="checkbox"/> Approved <input type="checkbox"/> Denied		
		<input type="checkbox"/> Approved <input type="checkbox"/> Denied		
		<input type="checkbox"/> Approved <input type="checkbox"/> Denied		
		<input type="checkbox"/> Approved <input type="checkbox"/> Denied		

Student Signature Date

C. FOR OFFICE USE ONLY

Comment and Signature of Department Chair/Institute Director Date

Comment and Signature of Registrar Staff Date

Comment and Signature of Registrar Chief Date

Comment and Signature of Dean of Academic Affairs Date

Total Semester Units Granted: _____