

HAMPTON UNIVERSITY
Hampton, Virginia 23668

Office of the Registrar

EVALUATION OF TRANSFER CREDITS

INSTRUCTIONS: EVALUATIONS MUST BE COMPLETED WITHIN TEN WORKING DAYS AFTER RECEIPT

1. Dean acknowledges receipt of transcripts and return the transfer credit transmittal card to the Registrar immediately.
2. Dean passes transcripts and transfer evaluation form to the Department Chair for evaluating.
3. Department Chair will return the completed form to the School Dean.
4. Dean will submit the completed transfer credit form to the Registrar's Office/Transfer Clerk.
5. Registrar/Transfer Clerk will record accepted credit on student's permanent record.
6. Registrar/Transfer Clerk will send HU transcript with accepted credits to student and School Dean.
7. Dean will send HU transcript to Department Chair for filing in student's department folder.

School/Department Evaluation of Transfer Credit

| Student's Name | | Student ID Number | | Major | |
|------------------------------------|-------------------------|------------------------------|-----------------------------------|--|-----------------------------|
| College/University Attended | Course No./Title | Semester/Credit Rec'd | Letter Grade (C or Better) | H.U. Course Equivalent Course No. Title | Credit Hrs. Accepted |
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TOTAL HOURS: _____

EVALUATOR: _____

Signature

Date

FOR OFFICE USE ONLY

| Name of School(s) | Rec'd In Registrar's Office | Sent to School Dean | Rec'd From School Dean | Recorded on Permanent Record | Notice Sent to Student | Notice Sent to Dean's Office |
|--------------------------|------------------------------------|----------------------------|-------------------------------|-------------------------------------|-------------------------------|-------------------------------------|
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School/Department Evaluation of Transfer Credit

NAME: _____

SOC. SEC. NO.: _____

Major: _____

| College/University Attended | Course No./Title | Semester/ Credit Rec'd | Letter Grade (C or Better) | H.U. Course Equivalent Course No./Title | Credit Hours Accepted |
|--|-------------------------|---------------------------------------|---------------------------------------|--|--------------------------------------|
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TOTAL HOURS: _____

EVALUATOR: _____

SIGNATURE

DATE