

**TRANSFER CREDIT EVALUATION**

To Department: \_\_\_\_\_ Date: \_\_\_\_\_

From: Office of the Registrar-Transfer Unit

**Student**

**Emplid #**

**Prior University**

**Transfer Credit Evaluation**

Please check Box(es) if you wish to have the Registrars Office update Cunyfirst data base for CUNY to CUNY equivalence and /or Transfer Evaluation System for NON-CUNY equivalence

Authorized Signature \_\_\_\_\_

**Course Prior Institution**

**CSI Equivalent Course**

- |           |         |                          |
|-----------|---------|--------------------------|
| 1. _____  | = _____ | <input type="checkbox"/> |
| 2. _____  | = _____ | <input type="checkbox"/> |
| 3. _____  | = _____ | <input type="checkbox"/> |
| 4. _____  | = _____ | <input type="checkbox"/> |
| 5. _____  | = _____ | <input type="checkbox"/> |
| 6. _____  | = _____ | <input type="checkbox"/> |
| 7. _____  | = _____ | <input type="checkbox"/> |
| 8. _____  | = _____ | <input type="checkbox"/> |
| 9. _____  | = _____ | <input type="checkbox"/> |
| 10. _____ | = _____ | <input type="checkbox"/> |