



REQUEST FOR CREDIT EVALUATION OF COURSES FROM OTHER INSTITUTIONS

Last Name	First Name	Middle	Maiden/Former Name
Street Address	City	State	Zip
Social Security #	Student ID #		Phone #
List Colleges to be Evaluated: _____ _____ _____		Bates Program	
		Instructor	
		Program Start Date	
		Projected Completion Date	
Student Signature: _____		Today's Date	

****Allow up to four weeks for the evaluation process after the transcripts have been received****

****Recommendations made by advisors are not official until evaluated by the Registrar****

For Official Use Only	Advisor Recommendations	Comments:
Advisor:		
<input type="checkbox"/>	Communication 90 100	
<input type="checkbox"/>	Computation 90 100	
<input type="checkbox"/>	Human Relations 90 100	
Other:		
Approved by: _____		
	Evaluated <input type="checkbox"/>	
	Posted <input type="checkbox"/>	
	Notified <input type="checkbox"/>	
	Logged <input type="checkbox"/>	