

TRANSFER COURSE EQUIVALENCY RE-EVALUATION

Students may request a re-evaluation of their transfer courses, if they believe the content warrants a different CSU course equivalency than the one provided through the initial course evaluation. In order for a re-evaluation to occur the transfer, coursework must be processed and coded on the students Degree Audit via the Office of the Registrar.

Prior to filling out this form:

- Review your transfer courses with your assigned academic advisor for potential course substitutions or waivers.
- If your academic advisor does not feel a course substitution or waiver is possible **and** you believe the course content warrants a different CSU course equivalency, contact:
 - the Degree and Transfer Evaluation unit of the Office of the Registrar (transferoffice@colostate.edu; 970-491-4860) – for courses completed from a college/university in the United States; **OR**
 - the International Transfer Evaluation unit of the Office of the Registrar (international_evaluation@colostate.edu; 970-491-4860) – for courses completed from an International college/university.
- They will discuss your situation and determine if a re-evaluation is possible without having to fill out the form.
- If it is determined that the Academic Department needs to re-evaluate the course, you will then be required to fill out this form and take it along with a course syllabus (translated into English) to the teaching department.
- The CSU Teaching Department head or designee will review the form and course syllabi to determine if the course equivalency should be changed.
- If you are unsure of which Academic Department to contact, please check with the Transfer Evaluation unit referenced above.

*Test Credit cannot be reconsidered for a change in equivalency. "Re-Evaluation or appeal of this decision (the equivalents or credit hours assigned) is not applicable as it is the final determination of department how an equivalency for an exam will apply." The policy can be found by going to the [CSU Catalog](#), section 1.3 in located under **The College Board Advanced Placement Program** title.*

The signed and completed form should be returned to:
Office of the Registrar - Degree and Transfer Evaluation
Centennial Hall – 1063 Campus Delivery
(970) 491-4860; fax: (970) 491-2283; transferoffice@colostate.edu

REQUEST FOR TRANSFER COURSE EQUIVALENCY RE-EVALUATION



Office of the Registrar
Division of Enrollment and Access
 Centennial Hall
 1063 Campus Delivery
 Fort Collins, CO 80523-1063

SECTION A (To be completed by student--please print or type)

 Name (Last) (First) (Middle) CSUID

 Current phone number Email Address Major

In order for the re-evaluation to be processed, the transfer coursework in question must be listed on the student's Degree Progress Audit (DARS).

SECTION B (To be completed by teaching department) *Test Credit (AP – Advanced Placement; IB – International Baccalaureate and CLEP) cannot be reconsidered for evaluation per university policy. – CSU Catalog, section 1.3, Admission

The student noted above has requested a re-evaluation of one or more transfer courses. Based on course description/syllabus information provided by the student, I authorize the following equivalencies for each course listed below:

| <u><i>Institution Name From Which the Course was Transferred</i></u> | <u><i>Transfer Institution's Course & Number</i></u> | <u><i>Number of Transfer Credits</i></u> | <u><i>Transfer Course Title</i></u> | <u><i>How the course transferred to CSU</i></u> | <u><i>New Equivalent Authorized By CSU Department</i></u> Indicate Course & Number: | <u><i>CSU Credits</i></u> The Credit awarded for the course CANNOT be altered from initial evaluation | <u><i>Applies to:</i></u> | <u><i>Applies to:</i></u> |
|--|--|--|-------------------------------------|---|--|---|---------------------------------------|--|
| | | | | | | | <input type="checkbox"/> All Students | <input type="checkbox"/> This Student Only |
| | | | | | | | <input type="checkbox"/> All Students | <input type="checkbox"/> This Student Only |
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| | | | | | | | <input type="checkbox"/> All Students | <input type="checkbox"/> This Student Only |

** This must be signed by the CSU Teaching Department Head or Designee

PRINTED Name of Teaching Department Head or Designee _____

DATE _____

SIGNATURE of Teaching Department Head or Designee _____