

# TRANSCRIPT EVALUATION FORM

Student Name: \_\_\_\_\_

Name of Transfer College/University: \_\_\_\_\_

	Course Dept.	Course ID	Course Title	Equivalent EWU Course Dept.	Equivalent EWU Course ID	Equivalent EWU Credit Hours	Grade
1							
2							
3							
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Advisor/Evaluator: \_\_\_\_\_ Date: \_\_\_\_\_

Registrar: \_\_\_\_\_ Date: \_\_\_\_\_