

Augusta State University

Examination of Transfer Work

Date: _____

To: Registrar

I have examined the following student's academic records and the course descriptions for the following courses. I have concluded that the following should be reflected in the student's transfer evaluation since the courses are equivalent.

Student Name

Student ID Number

| Institution (where course was taken) | Course Subject & # | Title | Sem/Year course was taken | ASU Course Subject & # |
|--------------------------------------|--------------------|-------|---------------------------|------------------------|
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Comments: _____

Signature of Department Chair

* Courses at the 1000/2000 level may not normally be used for courses of the 3000/4000 level.

Revised 03/2006