DATE: _____/_____/_____ FROM: _____

CMU
CENTRAL MICHIGAN UNIVERSITY

Off-Campus Programs
Mount Pleasant, Michigan 48859-0001

Undergraduate Transfer Credit Evaluation Checksheet

Student's Name _____ Program Center _____

Student ID # _____

Date Admitted_____ Status Change Needed? ❑ *Yes* ❑ *No*

Re-evaluation ❑ *Yes* ❑ *No* Applied for Graduation? ❑ *Yes* ❑ *No*

Date Evaluation Needed _____ Part-time/Full-time: ❑ *Part-time* ❑ *Full-time*

Date Evaluation Received_____

Comments _____