



Transfer Credit Evaluation Agreement

Student Name: _____ ID: _____

Transfer University/College: _____

Transfer Course	Term Taken	UWSP Equivalent	Department Chair Signature**	Date Signed
<i>Example: PSYC 101</i>	<i>Spring 2021</i>	<i>PSYC 110</i>	<i>Psychology Department Chair Signature</i>	<i>2/25/2021</i>

**Please note that the 'Department Chair Signature' comes from the department chair of the proposed UWSP equivalent course.

Please return this form to the Office of the Registrar, Student Services Center RM 101, or email to registrar@uwsp.edu upon completion.