



DEPARTMENTAL TRANSFER CREDIT EVALUATION FORM

Form to be completed by the department chair for the course(s) listed below.

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

Major: \_\_\_\_\_

Student Name: \_\_\_\_\_  
First Name Last Name

Banner ID: \_\_\_\_\_

Completed By: \_\_\_\_\_

Date Completed: \_\_\_\_\_

Table with 8 columns: Transfer Institution, Subject Code, Subject Number, Hours Earned, Grade Earned, Equivalent NCAT Subject Code, Equivalent NCAT Subject Number, Accepted Hours. Includes an example row with Carteret CC, CHM 131, 3 hours, B grade, CHEM 104, and 3 accepted hours.

Please return completed form to the Office of Transfer Articulation.