



TRANSFER CREDIT EVALUATION REQUEST

Office of the Registrar

CSN accepts transfer credit from regionally accredited institutions towards a degree and major offered at CSN. Additionally:

Students who have attended other accredited institutions may be granted credit for previous college education. Credit is awarded for courses that are equivalent to CSN courses. The amount of credit will be determined by the college and is subject to the following guidelines:

1. Transferability of credits will be determined by the Office of the Registrar.
2. A transfer student must complete a minimum of 15 credits in residence per Associate degree or Certificate. If the degree is an Associate of Applied Science, 15 credits must be completed in the Major area.
3. A student cannot use a catalog which is more than six years old at the time of graduation

TRANSFER CREDIT EVALUATION PROCEDURES:

1. Request an official transcript be mailed directly to the Office of the Registrar.
2. Contact Office of the Registrar to confirm transcripts have been received.
3. **Once all transcripts** have been received, submit a Transfer Credit Evaluation Request form to the Office of the Registrar. *(Student must be admitted prior to evaluation)*
4. Please allow **up to 8 weeks** for the evaluation of your transcripts.

SOCIAL SECURITY NUMBER OR STUDENT ID NUMBER _____ DATE _____

LAST NAME _____ FIRST _____

FORMER NAMES _____ PHONE (Day) _____ (Evening) _____

An email will be sent once the transfer credit evaluation is complete. Email address: _____

Are you currently enrolled at CSN? Yes No *(Priority given to currently enrolled students)*

Are you receiving VA education benefits? Yes No

Are you applying for a limited entry program? Yes No When is your deadline? _____

YOUR DEGREE PROGRAM AT CSN:

1. CERTIFICATE OF ACHIEVEMENT IN _____ Major/Emphasis _____
2. ASSOCIATE OF APPLIED SCIENCE IN _____ Major/Emphasis _____
3. ASSOCIATE OF ARTS _____
4. ASSOCIATE OF ARTS IN _____ Major/Emphasis _____
5. ASSOCIATE OF BUSINESS _____
6. ASSOCIATE OF GENERAL STUDIES _____
7. ASSOCIATE OF SCIENCE _____
8. ASSOCIATE OF SCIENCE IN _____ Major/Emphasis _____
9. BACHELOR OF SCIENCE IN _____ Major/Emphasis _____

List previous colleges or universities from which you wish to transfer credits **(evaluation request will not be processed until all transcripts have been received)**:

1. _____
2. _____
3. _____
4. _____
5. _____

Office Use

Student Signature _____ Date _____