

Transfer Course Evaluation Form*

RETURN TO: Academic and Transfer Advising Services Stony Brook Union - Suite 105 Stony Brook, New York 11794-3217

*Note: Courses at many institutions have already been evaluated. Check available online equivalency database (www.stonybrook.edu/transfer) before completing this form; only courses not listed in database should be evaluated.

PLEASE PRINT USING BALLPOINT PEN							
		SECT	ION BELOW TO BE C	OMPLETED BY	STUDENT		
Check one:	□ I have completed this course □ I am pl			m planning	anning to enroll in this course		
I understand that	any deliberate falsification	on of data will result	t in disciplinary ac	tion. All inform	nation provided below is accu	rate to the best of my knowledge.	
Student's Signatu	Ire:				Date:		
Name (Last, First, M.I.)					Student's Stony Brook I.D. #:		
E-mail Address Preferred Phone Numb					Declared Major		
E-mail Address Preferred Phone Nur		umber	Decial		Date Entered Stony Brook		
Name of Transfer Institution					Campus Location		
Transfer Course	Title	Designator & Nun	& Number Credit Hours Final Grad		Dates of Attendance		
					From:/ To:/ Month/Year Month/Year		
BEFORE A DEPARTMENTAL EVALUATION, THIS SECTION MUST BE COMPLETED FOR COURSES FROM AN INTERNATIONAL INSTITUTION							
		PEOT					
	d de suite Oisse et un la stin		ION BELOW TO BE C	UMPLETED BI			
Academic Advisor's Signature Indicating Approval of Institution Credit Hours Approved for this Course							
	SECT	ION BELOW TO BE CO	MPLETED BY CORF	ESPONDING D	EPARTMENT AT STONY BROOK		
	Note: Credit fro	m two-vear col	leges may NO	[be evalua	ated as upper-division v	vithout the	
					Curriculum Committee		
Equivalent CB as	uree or "Elective" and Le				CDK and	WRTD learning objectives attached	
Equivalent SB course or "Elective" and Level:				to course equivalencies do not transfer.			
						Department may request waiver.	
*This equivalency	y will be used in a datab	ase for future articl	ulation.		¥		
Signature of Director of Undergraduate Si		Studies Date		Phone Number			
Printed Name of Director of Undergraduat		ate Studies Department		Campus Zip			
	SECTION BEL	OW TO BE COMPLET	ED BY STONY BROO	K'S ACADEMI	C AND TRANSFER ADVISING SER	VICES	
Signature Indicating Approval of Institution for Transfer of Credit Credit Hours Approved for this Course							
SB Equivalent or Elective Level Approved			DEC or SBC Category Approved				
es Equivalent of Electric Level Approved							
*Category A ar	nd WRT may not be satis	fied through trans	fer credit after n	natriculation	at Stony Brook.		

• Transfer Credit will not be posted until an official transcript is received at Stony Brook from the transfer institution. Students should request transcripts be sent to the above address.

• A grade of C or higher must be received for transfer credit to be accepted at Stony Brook.

• Attach copy of course description from transfer institution's catalog; a syllabus including topics covered, prerequisites, and sequential courses will be helpful.