



## NCCU Office of Transfer Services Transcript Evaluation Inquiry Form

**Instructions:** Please complete pages 1 and 2 of this form if you are planning on transferring to NCCU or have already transferred and have questions regarding your transcript evaluation. Once completed, please email a scanned copy of all pages to [transferservices@nccu.edu](mailto:transferservices@nccu.edu).

Students who have inquiries about how their transcripts were evaluated are commonly concerned with the following:

- A course completed at their previous institution did not transfer.
- A course was recorded as an elective, but might be considered as a direct equivalent.
- The re-evaluation of a course that could fulfill a GEC or major course requirement.

Please note that NCCU does **not** accept courses that are:

- Completed with a grade lower than a “C”.
- Graded as Pass/Fail.
- Remedial or developmental courses (usually below 100 level).
- Completed at an institution that is not regionally accredited.
- Nursing and medical coursework, or courses that are vocational in nature.

The maximum number of transferable credit hours from a 2-year institution is 64 credit hours, and from a 4-year institution, 90 credit hours. The cumulative total of transferable hours from all transfer institutions cannot exceed 90 credit hours.

### Admitted NCCU Students Only – Please complete the following:

<b>First Name</b>	<b>Last Name</b>
<b>Banner ID</b>	<b>Date of Birth (Enter as MM/DD/YYYY)</b>
820	
<b>NCCU Email</b>	<b>Academic Advisor’s Name</b>
<b>Major(s)</b>	<b>Minor(s)</b>

### Potential Students Only – If you do not see the course(s) listed for your institution on NCCU’s profile at [TES \(Collegesource.com\)](http://tes.collegesource.com), please complete the following:

<b>First Name</b>	<b>Last Name</b>
<b>Contact Email</b>	<b>Contact Phone Number</b>

\*Submission of this form is not the submission of an official admissions application.



**Instructions:** Please complete the following information in the spaces below. If you need additional room, please print a second copy of this page and complete with the additional courses. If you have copies of your course syllabus, please also attach these when sending.

Institution Name	Prefix	Num.	Course Title	Credit Hours	Year & Semester / Quarter Completed