**University of Wyoming Transfer Evaluation Form Office of the Registrar**

Student Name:      “W” ID #:

Phone number:       Major:

**Directions:**

1. List planned course(s) to be taken and additional courses to be considered. Be as specific as possible.
2. Attach any course documentation available. Documentation must be translated into English.
3. Completed requests with student and advisor signatures must be returned to the Office of the Registrar.

**SCHOOL NAME:        LOCATION/CAMPUS:**

***SHADED AREA IN TABLE to be filled out by University Personnel Only.***

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| TRANSFER INSTITUTION | | | TRANSFER RECOMMENDATION | | | | | |
| **DEPT/**  **PREFIX** | **COURSE NUMBER** | **COURSE TITLE** | **DEPT/**  **PREFIX** | **COURSE NUMBER** | **COURSE TITLE** | **CREDITS** | **EVALUATOR NAME (*printed)*** | **INITIALS** |
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**Advisor:       Date:**

**Student:       Date:**

Office of the Registrar:       Date:

School Code Assigned by Office of the Registrar: