

Northern Illinois University
Department of Statistics and Actuarial Science

REQUEST FOR EVALUATION OF TRANSFER COURSEWORK

Full name: _____ Z-ID: _____ Phone: _____

Email: _____ Major(s): _____

Course to be evaluated: _____ Course taken at: _____

Course prerequisite(s): _____ Course credit hours: _____

Evaluate course for credit in: STAT 100 STAT 200 STAT 300 Other: _____

Please provide copies of the following, as available:

- | | |
|---|---|
| <input type="checkbox"/> Course syllabus | <input type="checkbox"/> Catalog description of course |
| <input type="checkbox"/> List of textbook(s) used | <input type="checkbox"/> Student transcript (unofficial copies accepted) |
| <input type="checkbox"/> Exams | <input type="checkbox"/> Other class materials as available (quizzes, homework, etc.) |

Your request will be evaluated based on the supporting documentation you provide. The Department of Statistics and Actuarial Science cannot guarantee that the course evaluator will explore additional resources beyond what you submit. Therefore, to make a strong case, you should supply as much information as possible.

STUDENT COMMENTS:

FOR OFFICE USE ONLY:

Adjustment approved
Adjustment not approved

Signature of Evaluator

Date

Printed name of evaluator: _____