OFF-CAMPUS COURSE EVALUATION FORM

Student Name: ____________________________________  ID#: __________________

CUA School: ______________________  Major: ________________  Minor: __________

Off-Campus Institution: ______________________________________________________ _______ CUA Equivalent

<table>
<thead>
<tr>
<th>Off-Campus Course Number (i.e. SOC 101)</th>
<th>Off-Campus Course Title (i.e. Intro to Sociology)</th>
<th>CUA course number you are trying to get</th>
<th>Credits (i.e. 3)</th>
<th>Session Dates (either exact dates or approx. dates)</th>
<th>Class Days (please circle)</th>
<th>Class Times</th>
<th>OFFICE USE ONLY</th>
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Are any of these courses online? ☐ YES ☐ NO
If so, please list the course numbers here: ____________________________________________________________

Academic Advising Coordinator APPROVAL
(MUS, BUS, TRS, NCSSS, NURS, ENGR, ARCH, PHIL) Date Transfer Coordinator Date

IMPORTANT! WHEN COURSE IS COMPLETED, REQUEST OFFICIAL TRANSCRIPT, TO:

Transfer Credit Coordinator
Catholic University of America
Undergraduate Programs
Room 7, McMahon Hall
620 Michigan Ave., N.E.
Washington, DC 20064

Transfer Coordinator will deliver it to your school to be posted
DO NOT SEND TO ADMISSIONS

Revised 8/3/2015