

OFF-CAMPUS COURSE EVALUATION FORM

Student Name: _____ ID#: _____

CUA School: _____ Major: _____ Minor: _____

Off-Campus Institution: _____ City: _____ State: _____

Off-Campus Course Number <small>(i.e. SOC 101)</small>	Off-Campus Course Title <small>(i.e. Intro to Sociology)</small>	CUA course number you are trying to get	Credits <small>(i.e. 3)</small>	Session Dates (either exact dates or approx. dates)	Class Days <small>(please circle)</small>	Class Times	OFFICE USE ONLY CUA Equivalent
				__/__/__ -- __/__/__	M T W TH F		
				__/__/__ -- __/__/__	M T W TH F		
				__/__/__ -- __/__/__	M T W TH F		
				__/__/__ -- __/__/__	M T W TH F		
				__/__/__ -- __/__/__	M T W TH F		

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