

## REQUEST FOR TRANSFER COURSE EQUIVALENCY RE-EVALUATION

MUSKEGON COMMUNITY COLLEGE – OFFICE OF THE REGISTRAR

## **Student & Course Information**

Student Name		MCC Student IE	D#	Date
Transfer Institution	Student Signature			
Transfer Course and Title from Original School (example - BIOL 234 Outdoor Science)	Course equivalency currently listed on your Transfer Equivalency Report? (enter "NONE" if no credit granted )	Transfer credits QTR or SEM? (Quarter or Semester)	List the re-evaluation you are reconstructed Course # and Title or General Ed categor (for example, PHIL-204 Biomedical Ethics)	Y MCC Condition
<ul> <li>Return this form, course descremailing, you must send this in</li> <li>Complete one request form form a regionally</li> <li>An official transcript must be concentrated incomplete re-evaluation form</li> <li>Results of your appeal are final</li> </ul>	riptions and course syllabi, which includes cour ription, and syllabus to the Registrar's Office, enformation from your MCC email account.	higher will be considere evaluation will be considered for re-evaluation. benit. Final results will be	oftheRegistrar@muskegoncc.edu or by d for granting transfer credit. ered.  emailed to your MCC email account wi	ithin four weeks.
			re transfer of credit unless specifically r	equested and signed by the
will receive this equivalency).	listed above is equivalent to the Muskegon Co	, -	` ·	
signatures are required below).	Only: The change noted is to be made for this seemed is not equivalent (please attach a stateme	, ,,	, , ,	or Academic Affairs
Department Chair - Signature Requ			c Affairs – Signature	Date