



## Transfer Course Equivalency Evaluation Process (Internal Document Only)

Instructions *communicated* to the Student. ECC faculty reserves the right to deny transfer based on lack of required document. Please provide the following documentation:

Student ID: \_\_\_\_\_ Student Name: \_\_\_\_\_

Degree Program(s): \_\_\_\_\_

Course Evaluation	
Course Number:	Course Name:
Institution:	
<b>Required:</b> <input type="checkbox"/> Copy of transcript <input type="checkbox"/> Course syllabus <input type="checkbox"/> Course description	<b>Required for Non-Regionally Accredited Institutions:</b> <input type="checkbox"/> Instructor credentials <input type="checkbox"/> Textbook information

To be completed by the Office of the Registrar/Associate Registrar	
Is the transfer institution regionally accredited? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Accrediting Body:	
Registrar Office:	Date forwarded to Division Chair:
All required documents must be collected prior to forwarding form to Division Chair. Forward to appropriate Division Chair within two business days of receiving all required documentation.	

To be completed by Division Chair (check all that apply)		
<input type="checkbox"/> Course is equivalent to ECC course 5 yrs from this term at which time the course must be re-evaluated:  <input type="checkbox"/> Course transfers as an elective: (check all that apply)	<b>Course Number:</b>  <b>General Ed CLO Elective:</b> <input type="checkbox"/> Communication (CM-CLO) <input type="checkbox"/> Critical (CCT-CLO) <input type="checkbox"/> Ethics/Soc Resp (ESR-CLO) <input type="checkbox"/> Global & Cross Cultural (GC-CLO) <input type="checkbox"/> Ethics & Valuing (EV-CLO)	<b>Until:</b>  <b>Elective category:</b> <input type="checkbox"/> Math <input type="checkbox"/> Const/Hist/Gov <input type="checkbox"/> Life Science <input type="checkbox"/> Physical Science <input type="checkbox"/> Science Lab <input type="checkbox"/> Elective (non-specific)
<input type="checkbox"/> Elective course can be used as a prerequisite? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>If yes, list course allowed to register:</b>	
<input type="checkbox"/> No Transfer (Comment required)	<b>Comments:</b>	

Division Chair/VP of Instruction Signature

Date

Please render a decision within five business days by returning this completed document to the Registrar's Office/Associate Registrar.