Name: _______________________________ SS#: ***-**-_______
Address: ______________________________ Ph#: ____________________________
City: _______________ State: _____ Zip: ________ Email: _______________________
Expected Major: ________________

Instructions for completing this process:
1. Obtain a copy of your HUNTER COLLEGE Transcript (an unofficial transcript is acceptable).
2. Obtain a Catalog Course Description AND Course Syllabus from you previous school for each course you wish to have evaluated.
3. Prepare a Stamped Self-Addressed Envelope - Std. Ltr. Size (in order for you to receive the decision).
4. Fill in and sign this Form.
5. Return all documents to the Dept of Biological Sciences, Rm 927 North.
6. Do not submit original documents; submitted documents will not be returned.
7. Evaluation period is 4 – 6 weeks.

LIST COURSES TO BE EVALUATED
Previous College Name ___________________________ COURSE NAME & NUMBER at Previous College __________ Credits ______ Lab (Y,N) ______

____________________________________________________________________________

I am requesting a course evaluation for the following (circle one):

A. Science Requirement (check one):
   __ B.A. Distribution; __ Nursing;
   __ Health Sciences; Other: ____________________

B. Biology Major

C. Elective credit

Student’s Signature: ___________________________ Date: ___________________________