

Request for Credit Evaluation



SCHOOL OF
CONTINUING
STUDIES

Date _____

PERSONAL INFORMATION

Name: *Last* _____ *First* _____ *Initial* _____

Previous name (if any) _____

Address: *Street* _____

City _____ *State* _____ *Zip* _____

Daytime telephone (_____) _____ Evening telephone (_____) _____

Northwestern University e-mail address _____

Non-Northwestern University e-mail address (for prospective students only) _____

Student ID # _____

STUDENT STATUS

- Prospective student Student-at-large Re-entering (out 3+ years)
 Performance Based Admission Admitted

REQUEST STATUS

- First request for evaluation
 Request for an update

TRANSFER CREDIT Not applicable Completed degree Approximate number of completed courses _____

Please list all colleges and universities previously attended.

All official transcripts must be on file at SCS, including proof of high school graduation or GED.

1. _____ 5. _____

2. _____ 6. _____

3. _____ 7. _____

4. _____ 8. _____

Please indicate which degree you wish to have your credits evaluated for:

Bachelor of Science in General Studies

Major _____ Minor (if applicable) _____

Bachelor of Philosophy

Major _____ Language _____

Bachelor of Philosophy in Communication

Major _____