



Office of the Registrar
 Nueta Hidatsa Sahnish College
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TRANSFER CREDITS EVALUATION FORM

Student Name: _____ Student ID: _____

Advisor's Name: _____

Students Email: _____ Phone #: _____

Term: _____ Year: _____ Date: _____ Major: _____

Prior Institution (s): _____

Transfer Credit Evaluation Notes: Academic advisor will determine which credits satisfy specific curriculum requirements within the Student's degree plan. This process may require more information on the course content wishing to be transferred such as course descriptions, syllabi, etc. Coursework must meet the following criteria:

- Course was earned at an accredited institution
- It is college-level coursework (minimum of 100-level)
- The student received at least a C or better in the course
- The coursework is documented on an Official Transcript sent to the NHSC Registrar from the Institution at which the coursework was completed
- The completed course work has sufficiently equivalent content to the course required by NHSC.

Return this form to the Registrar's Office after you have visited all the academic departments required to establish NHSC college course equivalencies.

Dates of Attendance		Credits Should Correspond to Incoming Courses	Equivalent NHSC Course	Equivalent NHSC Course Credits	Date (required)	Authorized Signature
From: _____						
To: _____						
Course & No.	Grade					

****ORIGINAL DOCUMENT MUST BE SENT TO THE REGISTRAR'S OFFICE****

Registrar's Use Only

Date of institutional Transfer Credit Evaluation Form Received: _____ Signature: _____