

Office of the Registrar

Nueta Hidatsa Sahnish College

PO Box 490/220 College Drive

New Town, ND 58763

Phone: 701-627-8047

Fax: 701.627.4790 registrar@nhsc.edu

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**  From: To: | | Credits Should Correspond to Incoming Courses | **Equivalent NHSC**  **Course** | **Equivalent NHSC Course Credits** | **Date**  **(required)** | **Authorized Signature** |
| **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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ ­­­­­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Revised 6.27.18 JM**