Transfer Evaluation Form
For UNAFFILIATED, NON-USD SUMMER International Programs

The University of San Diego does NOT have an affiliation agreement with the program specified below. This program has NOT been reviewed or approved by the International Studies Abroad Committee or the Provost at USD.

*PLEASE NOTE that the completion of this form does not guarantee approval or program enrollment. The International Center strongly recommends that students consider participating in an approved and affiliated international program.

Instructions

Step 1: Complete top portion of form and submit with course syllabus to Department Chair for evaluation.
Step 2: Upon receipt of Department Chair approval, submit photocopy of form to International Center in Serra 315
Step 3: Student is responsible for submitting original signed form to One Stop Services; students should keep a photocopy of this form for their records

TO BE COMPLETED BY STUDENT **Date:____/____/____**

1. **Student Name:**_____**Email:**_____

I.D.#_____ **Telephone: (_____)**_____ **Year** (please circle)**: Fr So Jr Sr**

Program & Country:_____ **Semester:**_____

Affiliate Course Number and Title:_____

2. **Course Description and/or syllabus:** please attach description and any additional documentation.

TO BE COMPLETED BY DEPARTMENT CHAIR/PROGRAM DIRECTOR

Please answer the following transfer evaluation questions for this course and sign the form:

1. Please indicate below the USD Course Equivalent (if any) for course listed above.

Course Number _____ Course Title _____

2. Will the course transfer as: ☐ lower-division credit ☐ upper-division credit Prerequisites? _____

3. Will this course satisfy a **Core Curriculum** requirement? *Please note that it is at the discretion of the Chair/Program Director to count courses for the core curriculum in international study abroad programs.*

☐ yes _____ ☐ no

4. This course will apply toward: ☐ major ☐ minor ☐ both ☐ neither

5. If this course *DOES NOT* transfer to USD in your department, please state the reason: _____

_____

Department Chair/Program Director signature:_____ Date: ____/____/____

Department/Program:_____ Extension:_____

University of San Diego
INTERNATIONAL STUDIES ABROAD

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