



WESTERN
ILLINOIS
UNIVERSITY

TRANSFER COURSE EVALUATION FORM

Date Submitted _____

Return to CPEP, HH91

Student ID#: _____

Name: _____

Address: _____

Phone: _____

Major: _____

TRANSFERRED COURSE

(Must verify grade earned of 'C' or above)

Course # _____

Course Title _____

Credit Hours ____ Grade ____

Text Used _____

Author _____

College/University where taken _____

____ 2-year institution ____ 4-year institution

Practicum/field experience included?

____ Yes ____ No

Number of hours spent in practicum? _____

Briefly describe what you did in your practicum:

WIU course for which credit is sought

Dept. _____

Course # _____

Course Title _____

Where was practicum completed? _____

Catalog description of your course _____

Briefly describe what was covered in the course
(in your own words).

(over)

