

DEPARTMENT OF BIOLOGICAL SCIENCES, Hunter College, CUNY

Course Evaluation Request Form

PRINT: ALL CAPS ONLY

DO NOT USE SCRIPT

Name: _____ SS#: ***-**-_____
Address: _____ Ph#: _____
City: _____ State: _____ Zip: _____ Email: _____
Expected Major: _____

Instructions for completing this process:

1. Obtain a copy of your **HUNTER COLLEGE Transcript** (an unofficial transcript is acceptable).
2. Obtain a **Catalog Course Description** AND **Course Syllabus** from you previous school for each course you wish to have evaluated.
3. Prepare a **Stamped Self-Addressed Envelope** - Std. Ltr. Size (in order for you to receive the decision).
4. Fill in and sign this **Form**.
5. Return all documents to the **Dept of Biological Sciences, Rm 927 North**.
6. **Do not submit original documents; submitted documents will not be returned.**
7. Evaluation period is 4 – 6 weeks.

LIST COURSES TO BE EVALUATED

Previous College Name	COURSE NAME & NUMBER at Previous College	Credits	Lab (Y,N)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I am requesting a course evaluation for the following (circle one):

- A.** Science Requirement (check one): **B.** Biology Major **C.** Elective credit
 ___B.A. Distribution; ___Nursing;
 ___Health Sciences; Other:_____

Student's Signature: _____ **Date:** _____