Alfred University

Preliminary Transfer Credit Evaluation Work Sheet

Office of Admissions
Alumni Hall / Saxon Drive
Alfred, NY 14802
U.S.A.
Phone: 607-871-2115
Fax: 607-871-2198

This form is to be completed by you, the student, and emailed, faxed, or mailed to the office of Transfer Admissions for a preliminary credit evaluation. Upon application to Alfred University your are required to request each college and university in which you attempted credit send Alfred University an official transcript.

First Name: _____ Middle Name: _____ Last Name: _____

Previous Colleges Attended	Years	Degree
1)		
2)		
3)		
4)		

College (use number as listed above)	Course Number	Course Description	Credit Hours	Grade

First Name: _____ Middle Name: _____ Last Name: _____

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College (use number as listed above)	Course Number	Course Description	Credit Hours	Grade