

TRANSFER COURSE EVALUATION (TCE)

Form used when TES processing is unavailable (ex. International catalog not in TES)

Transfer School: _____ **Code:** _____

Student's Name: _____ **ID #** _____
Last Name First Name

Student's College: _____ **Mailstop:** _____ **FAX:** _____

Student's Academic Advisor: _____

We are asking for your assistance in determining where the following transfer course(s) might be applied to one of our degree programs. Please review the attached description/syllabus for the following course(s) and indicate if your department/college has a similar class at UNLV and/or if it will meet a General Education requirement in your area. Please complete the information in the box below and sign.

TRANSFER COURSE (Prefix/Number/Name/Semester cr.)	UNLV COURSE #
<div style="display: flex; justify-content: space-between;"> Course Prefix/Number Name # Quarter Cr/ # Semester Cr </div>	
<div style="display: flex; justify-content: space-between;"> Course Prefix/Number Name # Quarter Cr/ # Semester Cr </div>	
Note:	

This evaluation will be good for all students unless otherwise noted here:

This course is being requested to meet the following UNLV General Education requirement.

- | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> ENG 101
<input type="checkbox"/> ENG 102
<input type="checkbox"/> World Literature
<input type="checkbox"/> US Constitution
<input type="checkbox"/> MATH 120 or <input type="checkbox"/> MATH 124 | Social Science – SEE BELOW
Humanities – SEE BELOW
Multicultural – SEE BELOW
International – SEE BELOW | Fine Arts – SEE BELOW
Science – SEE BELOW
Science w/lab – SEE BELOW
Analytical Think/Reasoning-SEE BELOW |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|

Minimum grade requirement will be determined by the student's college and/or major department.

DEPARTMENT DESIGNEE

BUSINESS

☐ Undergraduate Advising Office BEH 100

COMMUNITY HEALTH

☐ All Subjects Shawn Gerstenberger BHS 514

EDUCATION

☐ Education Ed Ronca CEB 221

ENGINEERING

☐ Comp. Sci. Lee Misch TBE B383

☐ ENG (All other majors) Advising Center TBE A207

FINE ARTS

☐ All Subjects Stacy Shapin CDC 221

ALLIED HEALTH

☐ Radiography George Pales BHS 302

☐ Health Physics Steen Madsen BHS 347

☐ Kinesiology Brian Schilling BHS 524

☐ Nutrition Laura Kruskall BHS 330

HOTEL

☐ Hotel Antonio Villegas BEH 543

LIBERAL ARTS

☐ Wilson Adv. Cheryl Tillotson WRI B131

NURSING

☐ Nursing Rebecca Benfield BHS 416

SCIENCE

☐ Biology Alan Gibbs WHI 101

☐ Chemistry Spencer Steinberg CHE 210

☐ Geoscience Shichun Huang LFG 104

☐ Math Patricia Pablo CDC 801

☐ Physics & Astronomy Stephen Lepp BPB 209

URBAN AFFAIRS

☐ Urban Affairs Rimi Marwah GUA 2104

GEN ED COURSE EVALUATIONS (per list above)

☐ Laurel Pritchard Mailstop: 1099 CDC 2-205

Scan/Email of form acceptable

Check below to select GE requirement being requested:

- | | |
|-----------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> Social Science | <input type="checkbox"/> Fine Arts |
| <input type="checkbox"/> Humanities | <input type="checkbox"/> Science |
| <input type="checkbox"/> Multicultural | <input type="checkbox"/> Science w/Lab |
| <input type="checkbox"/> International | <input type="checkbox"/> Analytical Thinking/Reasoning |

Evaluation Decision: ☐ **Approved** ☐ **Disapproved**

Evaluator Signature: _____

Evaluator Printed Name: _____ Date: _____

Once evaluation is complete, please return form to Academic Advisor listed at top