



UW Oshkosh Change of Evaluation Form

Date:

Student Name:

Student ID#:

Please review the following evaluation

Term/Year Course was taken	College/University	Course Dept./Number	Grade	Credits	Initial UW Oshkosh evaluation	Requested change of evaluation

- Change of evaluation request **approved**. Make this change **permanent** in the course equivalency database and TIS. (For requests from UW System, Wisconsin Technical College System and Wisconsin private schools only).
- Change of evaluation request **approved** for this student only. **Do not** make this a permanent change in the course equivalency database.
- Change of evaluation request **denied**. Please indicate, below, reason for denial and provide a brief rationale in the “Notes” space below.
 - Course taught at inappropriate level
 - Course should transfer as a different course – new equivalent course should be _____
 - Course content not sufficiently equivalent
 - Course from non-regionally accredited program or institution
 - Other

Department Chair signature: _____ **Date:** _____

- In lieu of signature, supporting document attached.

Notes:

Please return completed form to **Julie Meyer**, Transfer Admission Counselor, Admissions Office, Dempsey Hall 135