



# Office of the Registrar - REQUEST FOR RE-EVALUATION OF TRANSFER CREDIT

2240 Iyannough Road | West Barnstable, MA 02668  
774.330.4711 | Fax: 508.375.4084 | registration@capecod.edu | www.capecod.edu

Student ID#: \_\_\_\_\_ Degree/Certificate Program: \_\_\_\_\_ Year of Matriculation: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

CCCC Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### Instructions:

1. Complete the chart on this form. Identify each course from previous institution to be evaluated for transfer credit, then identify the course at CCCC that is comparable.
2. Attach a copy of the previous institution's catalog description for all courses to be evaluated
3. Attach a copy of the syllabus for the course under evaluation if its title and description are not clearly aligned to CCCC course.
4. Return this completed, signed form and all attachments to the Office of the Registrar.

Institution where credits were earned: \_\_\_\_\_

Course number and title of course from previous institution	CCCC comparable course number and title

Student Signature (required): \_\_\_\_\_ Date: \_\_\_\_\_

An updated transfer credit letter will be mailed to you regarding the re-evaluation of any additional transfer credits if applicable. Please note that transfer credits are only applied to course requirements for a specific degree or certificate program. Students must complete a minimum of 24 course credits per degree at CCCC.

<b>Office of the Registrar Use Only:</b>		
Date Received: _____	Date Entered: _____	Initials: _____