



TO: **Transcript Evaluations**

DATE: \_\_\_\_\_

FROM: \_\_\_\_\_, Dept. Chair/Signature \_\_\_\_\_

Student Name/ID# \_\_\_\_\_

Subject: **Transfer credits from previous 4-year degree**

**Email this document to: [transcripteval@msudenver.edu](mailto:transcripteval@msudenver.edu)**

The above-mentioned student has a previous four-year degree, and has received a block of 90 transfer credit hours. In pursuing a second degree at MSU Denver, this student needs the following courses taken during his/her previous degree to count toward a second degree at MSU Denver. Once the appropriate major department chair completes and signs this memo, the courses listed below will appear on the student's transfer evaluation and CAPP report.

Previous Institution	Course Number	Course Title	Credit Hours- Quarter/Semester	Equivalent MSU Denver Course	Chair's Initials (Required for Each Course)

**OTHER COURSES NOT RELATED TO MAJOR DEPARTMENT/signed by appropriate dept. chair**
