

HALE Internal Credit Evaluation for Transfer Credit

Semester:  Year:  Date Initiated:

Name:  Last 4 of PID:

MSU Email address:  @msu.edu

Incoming Credit Institution

Course Title

Subject/Course code  Start and End Dates  Credits Earned

What Requirement Will This Be Used to Fulfill?

Course Eval Details (If also being used as a substitution, please list for which course)

**Please check:**

- ☐ This course has not been used toward the completion of another degree.
- ☐ This course has at least a 3.0 grade or its equivalent.
- ☐ This course was completed within the time limits approved for the earning of the degree.

**The course must also meet one of the following criteria (Check one):**

- ☐ This course currently does not exist at MSU and fulfills the student's program plan as an elective course
- or**
- ☐ This course is equivalent to an elective course currently offered at MSU.

Advisor Name

**X**

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Advisor Signature

\*Please email completed form to [haleadm@msu.edu](mailto:haleadm@msu.edu)