Request for Advance Departmental Evaluation

Pre-Program Education Abroad or VIP Credit

1. STUDENT INFORMATION Name:	NUID:	F.	-mail·		
UNK Degree College:	Major(s): Minor(s): Spring Summer 20 Anticipated Graduation Date:				
Term Credit Earned: Fall	Spring Summer 20	Anticipated	Graduation Da	te:	
Program City/Country:					
Institution Granting Credit:		oos for the nur	abor of planned cred	its regardless	In-Person Program Virtual Program
Total Number of Planned Cred	lits: I agree to pay tuition & for of the number of credits	earned due to	failure, class availab	ility, etc.	Hybrid/Other Program
2. EDUCATION ABROAD OR VI	P 4. UNK DEPARTMENTAL EVAlor Subject (e.g. BSAD 295, CF				
Course Title and Number	UNK Course Title and Number	Credit Hours	C or Better Required?		Comments
		<u> </u>			
2 CTURENT ACTION (To be see	ompleted after you have filled out	oodion/	0.0)		
	ired for each department's courses lis he form to the appropriate Departme			ons 1 and 2 a	long with course
4. POST PROGRAM INSTRUCTI	IONS FROM EVALUATING DEPAR	TMENT			
Final Departmental Evalu	uation NOT REQUIRED (Contact Stu	dy Abroad f	or final processir	na: unketudys	hroad@unk edu)
	uation REQUIRED based on the final	-			isroud @ urin.odu)
□Syllabus Review □Con		-			
-	inimum standards for transfer credits				
Department Chair Printed Name: _	Dep	oartment Ch	nair Signature: _		
Department:	Evaluator Phone:		_ Date of Review	w:	
5. ACADEMIC ADVISOR APPRO	OVAL				
	Signature:			Dat	· • ·
	•			Dai	
6. STUDY ABROAD OFFICE AP	PROVAL				
Printed Name:	Signature: _			Dat	te:
Do not return signed docu	ment to student. Return completed for	rm to: Jenn	ifer Gwasira. gwa	asirai@unk.eo	lu. 308-865-8471

