United Tribes Technical College

OFFICE OF THE REGISTRAR
3315 University Drive
Bismarck, ND 58504
Ph: 701-255-3285 ext(s) 3101, 3102, 3171
Fx: 701-530-0636 www.uttc.edu/registrar

Transcript Evaluation Form

Student Name:_____ID #_____

Year: _____ Term: _____ Program:_____

Transcript From:_____

Please use one form per college. Transfer credits of C or better may be accepted if they apply to the student's degree plan. Credits from other institutions will not be considered for transfer if they are more than five years old, unless the student has completed a degree. The number of credits approved for transfer may not exceed 50% of the degree requirements for the student's program. Student must have official college transcript on file.

Year	Term	Transfer Course Code	Transfer Course Name	Grade	Credits	UTTC Course Code	UTTC Course Name
			Total Transfer Credits				

Advisor Signature:_____ Date:_____

Registrar Signature:_____ Date:_____

Revised: 01/2014