UMSL/Washington University Joint Engineering Program
Course Evaluation Request

Please submit a separate copy of this form for EACH course to be evaluated.

PLEASE PRINT, Attach required information. Submit to the Joint Engineering Program, Mary McManus
mcmanus@umsl.edu

________________________________________  _________________________  __________
Last Name                                               First Name                                                       Today’s Date
________________________________________  _________________________  __________________
Email Address                                                                        Student ID Number

Complete items 1 through 6 for all requests. Your course will not be evaluated if the information is not provided.

1. Name of the department offering the course, the course number, and full name of the course to be evaluated:

Dept.: ___________________ Course # __________ Title : ________________________________

2. College or University: ________________________________ Location:____________________

3. Number of Credit Units: ________ Credits are: Quarter Units ☐   Semester Units ☐

4. At this college, what range of course numbers indicate:

Freshman level? ________ Sophomore level? ________ Jr./Sr. or Upper level? ________
(Ex. At UMSL Freshman 1000-1999, Sophomore 2000-2999, Jr./Sr. 3000-4999)

5. What are prerequisite courses for this course, if any? ________________________________

What is the next course in the sequence, if any? ________________________________

6. Attach to this form a copy of the course description from the College Bulletin or Catalog Course Listings.

Copy of course description attached Yes ☐   No ☐

IF NO, where did you obtain the information?_________________________________________

7. Course Textbook, title and author: ________________________________________________

8. Attach a copy of the syllabus for the course (this might be found on the college website)

Any questions about the engineering transfer credit process for the Joint Program can be directed to Mary McManus mcmanus@umsl.edu 314-516-7018

For Office Use Only

Evaluation ☐ Yes, this course will be accepted for transfer as equivalent to ________________________________

Evaluation ☐ No, this course will not be accepted for transfer

________________________________________  _________________________
Evaluator                                                                 Date of Evaluation

Evaluator: Please return this form to Mary McManus mcmanus@umsl.edu

Copy/ Email to student __________ Submitted for transfer course database __________

Date                                Date                                Initials