HALE Internal Credit Evaluation for Transfer Credit

Semester: Year: Date Initiated:

Last 4 of PID:

Name:

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



\*Please email completed form to haleadm@msu.edu