1. Gather evaluation materials. **Must include complete course syllabus (as well as lab syllabus if applicable)** detailing textbook used, chapters & subjects covered, total credits, course description & goals, prerequisites, & any additional lab information. Biochemistry evaluations also require examples of graded coursework (exams/problem sets).

2. Fill out sections A, B, and C below.

3. Submit the evaluation form and course materials to: CBS Student Services, 3-104 Molecular & Cellular Biology, 420 Washington Ave SE, Minneapolis MN 55455.

4. CBS Student Services will contact you via U of M email with the evaluation results. Evaluations typically take 2-4 weeks.

## SECTION A: Student Information

<table>
<thead>
<tr>
<th>date</th>
<th>last name</th>
<th>first name</th>
<th>ID number</th>
</tr>
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</table>

<table>
<thead>
<tr>
<th>email address</th>
<th>phone number</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>current U of M college</th>
<th>major</th>
<th>course or credit desired</th>
</tr>
</thead>
</table>

## SECTION B: Course Information

Only list two courses on this form if required as a pair for evaluation. For example, General Biology I & II transfer courses being evaluated for BIOL 1009 credit.

<table>
<thead>
<tr>
<th>1</th>
<th>course subject (ex: BIOC)</th>
<th>course number</th>
<th>course title</th>
<th>term completed</th>
<th>year completed</th>
<th>☐Semester ☐Quarter</th>
<th>grade received</th>
</tr>
</thead>
</table>

<table>
<thead>
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<th>course subject (ex: BIOC)</th>
<th>course number</th>
<th>course title</th>
<th>term completed</th>
<th>year completed</th>
<th>☐Semester ☐Quarter</th>
<th>grade received</th>
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</table>

## SECTION C: Transfer Institution Information

<table>
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<th>institution where course was completed</th>
<th>city</th>
<th>state</th>
<th>country</th>
</tr>
</thead>
</table>

## SECTION D: Evaluation Results (completed by designated faculty)

- ☐ Course is accepted as **equivalent to** U of M course: ___________________________
  
  Expiration term: ____________________ (Default is 5 years unless otherwise specified)

- ☐ Course is accepted **in lieu of** U of M course: ___________________________

- ☐ Course has **no equivalent** at the U of M

**COMMENTS:**

<table>
<thead>
<tr>
<th>evaluator signature</th>
<th>date</th>
<th>Return to CBS Student Services in 3-104 MCB when evaluation is complete.</th>
</tr>
</thead>
</table>

**OFFICE USE ONLY**

<table>
<thead>
<tr>
<th>route to</th>
<th>materials requested</th>
<th>APAS</th>
<th>student notification</th>
<th>copy in file</th>
<th>database entry</th>
<th>date complete</th>
</tr>
</thead>
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