



UW Oshkosh Change of Evaluation Form

Date:

Student Name:

Student ID#:

Please review the following evaluation

Term/Year Course was taken	College/University	Course Dept./Number	Grade	Credits	Initial UW Oshkosh evaluation	Requested change of evaluation

- Change of evaluation request **approved**. Make this change **permanent** in the course equivalency database and TIS. (For requests from UW System, Wisconsin Technical College System and Wisconsin private schools only).
- Change of evaluation request **approved** for this student only. **Do not** make this a permanent change in the course equivalency database.
- Change of evaluation request **denied**. You may write a reason for denial in the “Notes” space below.

Department Chair signature: _____ **Date:** _____

Notes:

Please return completed form to **Paul Gedlinske**, Transfer Student Coordinator, Admissions Office 135J

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