

Centralized Admissions

SNHU | 33 South Commercial Street | Suite 203 | Manchester, NH 03101-2626 | Phone: 888.327.7648

Preliminary Transfer Credit Evaluation Request Form

Student Name: _____ Date: _____

Address: _____

Phone: _____

Email address: _____

Colleges currently attending : _____

Other colleges attended : _____

Anticipated Major at Southern New Hampshire University (must be filled in for evaluation)

I am interested in taking (*choose one*):

- Day classes
- Evening, weekend, and/or online classes

I plan to begin my studies in: Fall 20_____ Spring 20_____

If you have courses in progress that are not listed on your transcript, please list them here.

Course Number	Course (Full Course Title)	Credits	Date Started	Date Completed

An unofficial PTCE will be sent to you within seven business day.