EVALUATION FORM FOR RETURNEE

College: _____

Name of Student: _____

to be taken: _____ Previous Program: _____

Credited Courses (Course Title)	Course Code		No. of Units		Grades
	PP	NP	PP	NP	

PP- Previous Program
NP-New Program

Total no. of courses credited: _____
Total no. of required courses: _____
Total no. of courses not credited: _____
Total no. of courses to be taken this semester: _____ ☐ 1st sem ☐ 2nd sem ☐ Midterm
                                                                        AY _____

Evaluated by: _____
                    (Signature of Evaluator over printed name)
                        Date:

Reviewed by: _____   Verified by: _____
                    Dean/Department Chair   Registrar Staff
                    Date: Date:

Approved by:

_____

University Registrar
Date: