THE METROPOLITAN STATE COLLEGE *of* DENVER

Office of Admissions: Transfer Services

To: Transfer Evaluations

From: _____, Department Chair

Subject: **Transfer Credits from previous 4-year degrees**

Student: _____

Name ID#

The above-mentioned student has a previous four-year degree, and has received a block of 90 transfer credit hours. In pursuing a second degree at Metro State College, this student needs the following courses taken during his/her previous degree to count toward a second degree at MSCD. In completing this memo, the following courses will appear on the students transfer evaluation and CAPP report.

Previous School	Course Number	Course Title	Credit Hours	Equivalent MSCD Course to Appear on CAPP report (e.g. CMS2010, BIO8000, MGT3000, etc.)	**Chair's initials (Required for every class)**

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Department Chair Signature Date