# Transfer Academic Evaluation

**PLEASE SEND COMPLETED FORM TO:**

Mail  
Trinity University, Office of Admissions  
One Trinity Place, San Antonio, Texas 78212

Fax  
210-999-8164  
Email  
admissions@trinity.edu

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## Student Information

<table>
<thead>
<tr>
<th>NAME</th>
<th>First</th>
<th>Last</th>
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<tbody>
<tr>
<td>Transfer Entry Term to Trinity</td>
<td></td>
<td></td>
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<tr>
<td>Current College/University Attending</td>
<td></td>
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</tbody>
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## Faculty Information

<table>
<thead>
<tr>
<th>NAME</th>
<th>Title</th>
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<tbody>
<tr>
<td>Email</td>
<td>Institution</td>
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## Department Evaluation

How long have you known the student, and in what context?

What are some words you would use to describe this student?

Please list the courses in which you have taught this student and indicate the level of course difficulty.

## Comments

Please use the space below to provide any additional comments you feel are important about this student. Topics may include a description of academic and personal characteristics, as demonstrated in your classroom and/or the campus community.