



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

STUDENT INFORMATION

NAME First Last

Transfer Entry Term to Trinity

Current College/University Attending

FACULTY INFORMATION

NAME Title

Email Institution

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.