MARYVILLE UNIVERSITY
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# EVALUATION FORM FOR CROSS/ CONCURRENT ENROLLMENT

*To be completed by your University Academic Advisor*

Student's Full Name: _____

Student's Saudi I.D.: _____

Name of the Current Major/Degree of the Student: _____

Name of the University Academic Advisor: _____

Email of the University Academic Advisor: _____

Signature of the University Academic Advisor: _____ Date: _____ (MM/DD/YYYY)

Name of the Requested University, City, State: _____

**1. Requested Course** *(Please specify whether they are semester or quarter credit hours):*
Course Title at Your University: _____ Code #: _____ No. of credits: _____
Course Title at Requested University: _____ Code #: _____ No. of credits: _____

**2. Expected enrollment date at the requested University** (TERM/YEAR):

**3. Will the student be able to take this course, at your University, in this ongoing term?** ☐ Yes ☐ No
(If explanation is needed, please use Item 10 below.)

**4. Is the course a core course, at your University?** ☐ Yes ☐ No
(If it is a core course or not a core course, then please explain in Item 10 below the reason for the student not taking it at your University.)

**5. Will the transfer course from the requested University be counted in the Degree Plan of the student at your University?** ☐ Yes ☐ No

**6. If Cross Enrollment is not approved, will the student be able to take the course in a subsequent term, at your University, without delaying the graduation date?** ☐ Yes ☐ No
(If explanation is needed, please use Item 10 below.)

**7. If Cross Enrollment is not approved, will the student be able to take an alternative course, at your University, in this term or in subsequent term without delaying graduation date?** ☐ Yes ☐ No
(If explanation is needed, please use Item 10 below.)

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|---|---|
| **8. Expected date of graduation** (MM/DD/YYYY):<br>(If explanation is needed, please use Item 10 below.) | |
| **9. Total counted credit hours, out of total required credit hours, as of the end of last term:**<br>Specify last TERM/YEAR: | |

**10. Reasons for not taking the course at your University** *(Please be specific and attach supporting documents, if needed):*