



# Transfer Mid-Semester Evaluation

## To be completed by the Candidate

If you are currently involved in course work, please ask your instructor to give an evaluation of your progress to date and return this form to Case's Office of Undergraduate Admission.

Name of Candidate \_\_\_\_\_  
Please Print or Type Last First Middle Initial Social Security Number

Candidate's Address \_\_\_\_\_  
Number and Street City State Zip Code

College or University you currently attend \_\_\_\_\_  
Official Name

Address \_\_\_\_\_  
Number and Street City State Zip Code

Check one:  Transfer fall semester  Transfer spring semester  Transfer summer session

## To be completed by Candidate's current instructors:

1. Course Title \_\_\_\_\_ Comments:  
Current Grade \_\_\_\_\_ as of \_\_\_\_\_  
Instructor's Name \_\_\_\_\_  
Telephone \_\_\_\_\_  
Signature \_\_\_\_\_

2. Course Title \_\_\_\_\_ Comments:  
Current Grade \_\_\_\_\_ as of \_\_\_\_\_  
Instructor's Name \_\_\_\_\_  
Telephone \_\_\_\_\_  
Signature \_\_\_\_\_

3. Course Title \_\_\_\_\_ Comments:  
Current Grade \_\_\_\_\_ as of \_\_\_\_\_  
Instructor's Name \_\_\_\_\_  
Telephone \_\_\_\_\_  
Signature \_\_\_\_\_

4. Course Title \_\_\_\_\_ Comments:  
Current Grade \_\_\_\_\_ as of \_\_\_\_\_  
Instructor's Name \_\_\_\_\_  
Telephone \_\_\_\_\_  
Signature \_\_\_\_\_

5. Course Title \_\_\_\_\_ Comments:  
Current Grade \_\_\_\_\_ as of \_\_\_\_\_  
Instructor's Name \_\_\_\_\_  
Telephone \_\_\_\_\_  
Signature \_\_\_\_\_