

Transfer Credit Assessment

Date: [Insert Date]

[Your Name] [Your Address] [City, State, Zip Code] [Email Address] [Phone Number]

[Recipient's Name] [Recipient's Title] [Institution's Name] [Institution's Address] [City, State, Zip Code]

Dear [Recipient's Name],

I am writing to request a transfer credit assessment for the courses I have taken at [Previous Institution's Name] as I am planning to enroll in [Your Institution's Name] for the [Insert Semester/Year].

Below are the details of my previous coursework:

- **Course Title:** [Course Title 1] - [Credits Earned] - [Grade Earned] - [Institution]
- **Course Title:** [Course Title 2] - [Credits Earned] - [Grade Earned] - [Institution]
- **Course Title:** [Course Title 3] - [Credits Earned] - [Grade Earned] - [Institution]

I have attached my official transcripts and course syllabi for your review. I would greatly appreciate it if you could assess whether these courses can be transferred for credit at [Your Institution's Name].

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,

[Your Name] [Your Student ID (if applicable)]