

SCHOOL OF ENGINEERING OFFICE OF UNDERGRADUATE AFFAIRS Steinman Hall, Room ST-209 Convent Avenue at 140<sup>th</sup> Street New York, New York 10031

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## ACADEMIC EVALUATION REQUEST FORM

Name:	2	Date:
Name:Last	First	
ID:		
Address:		
E-mail:	Tel:	
Major:	Credits Completed: _	
Term Entered/ Reentered:		
Expected Term of Graduation:		
Please enter the term to be used for th	e evaluation:	
Student Signature:		_
Administrator:		Date: