

TRANSFER COURSE EQUIVALENCY REQUEST



The student must complete Section I, attach corresponding course description and/or original syllabus, and then submit to the **ACADEMIC DEPARTMENT** (i.e. Psychology) of the course they are looking to petition.

Return here when Section II is approved and signed:

Transfer Student Center
Enrollment Services (ES) 331
transfer@towson.edu; FAX: 410-704-3030

Section I: To be completed by student

Name (print): _____ Date: _____

Signature: _____ TU ID number: _____

TU Email: _____ Semester entered TU: _____

Original transfer institution: _____

Original course number: _____ Current transfer equivalency @ TU: _____

Semester course completed: _____ Credits: _____

Transfer course title: _____

TOWSON UNIVERSITY REQUESTED COURSE EQUIVALENCY INFORMATION:

TU course number: _____ **TU** Credit hours: _____

TU course title: _____

Section II: To be completed by ACADEMIC DEPARTMENT with APPROVAL and SIGNATURE

****DO NOT RETURN TO UNIVERSITY ADMISSIONS BEFORE RECEIVING APPROVAL****

Departmental action: **Approved** as permanent equivalency (for all students)

Approved ONLY for this student

Denied

Signature: _____ **Name (print):** _____

Date: _____ **Comments:** _____

Section III: To be completed by University Admissions

Transfer Evaluation Services has **APPROVED** your petition. Please view this update on your Transfer Credit Report.

Transfer Evaluation Services has **DENIED** your petition.

Signature: _____ **Date:** _____