

## TRANSFER COURSE EQUIVALENCY REQUEST



### Instructions for Using This Form

**Students:** Complete Section 1. Attach a course description and/or original syllabus. Submit to the academic department of the equivalency you are requesting.

**Faculty:** Complete Section 2 based on your review of the course materials provided by the student. Please indicate whether an approved equivalency can be retained as permanent for future transfer evaluations.

Once Section 2 is completed, submit this form to the Transfer Student Center.

**Location:** Enrollment Services (ES) 331 **Email:** [transfer@towson.edu](mailto:transfer@towson.edu) **Fax:** 410-704-3030

### Section 1: To be completed by STUDENT

Name (print): \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ TU ID number: \_\_\_\_\_

TU Email: \_\_\_\_\_ Semester entered TU: \_\_\_\_\_

Original transfer institution: \_\_\_\_\_

Original transfer course: \_\_\_\_\_ Current transfer equivalency @ TU: \_\_\_\_\_

Semester course completed: \_\_\_\_\_ Credits earned: \_\_\_\_\_

Transfer course title: \_\_\_\_\_

#### REQUESTED TOWSON UNIVERSITY COURSE EQUIVALENCY:

TU course number: \_\_\_\_\_ TU credit hours: \_\_\_\_\_

TU course title: \_\_\_\_\_

### Section 2: To be completed by ACADEMIC DEPARTMENT

**Do NOT submit this form to the Transfer Student Center without approval & signature!**

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

**Approved** *only* for this student

**Denied**

Signature: \_\_\_\_\_ Name (print): \_\_\_\_\_

Date: \_\_\_\_\_ Comments: \_\_\_\_\_

### Section 3: To be completed by TRANSFER STUDENT CENTER

Transfer Student Center has **approved** this request and updated your Transfer Credit Report

Transfer Student Center has **denied** this request

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_