



Request for Transfer Equivalency

Student ID: _____

Course: _____
Transfer course prefix/number/title (Ex: ENGL 101 Composition)

from: _____ (Name of institution)

Submitted to Department: _____ Date: _____

Submitted by Transfer Officer: _____ Contact info: _____

Attached info: ___ Catalog description ___ Syllabus

Academic Department Review (chair of the department offering the USD course)

3 OHDVH SURFHVV ZLWKLQ WZR ZHHNV RI UHFHLSW)RUZDUG UH
† Equivalency approved.

&RXUVH LV HTXLYDOHQW WR 86'¶V
USD course prefix/number/title (Ex: ENGL 101 Composition)

† Equivalency denied. Denials will be sent by the academic dean to the Provo VW¶V 2IILFH IRU UHY

Reason for denial: _____

Name of Authorizing Department Chair (please print): _____

Signature

Date

Faculty Review (dean of the college or school offering the USD course)

Please process within one week of receipt. Forward response to Provost Office

† Equivalency Confirmed † 'HQLDO IRUZDUGHG WR 7UDQVIHU DQG 5HJL VW¶V

Name of Authorizing Dean (please print): _____

Signature

Date

3URYRVW¶V 2IILFH IRU UHY 1DPH RI 3URYRVW¶V 2IILFH IRU UHY

† Denial of Equivalency Confirmed † Denial of Equivalency Reversed

Reason for reversal: _____

1DPH RI 3URYRVW¶V 2IILFH IRU UHY

Signature

Date