

## TRANSFER CREDIT APPROVAL FORM

DEPARTMENT CHAIR: \_\_\_\_\_

Attached is a course description and/or syllabus for your review\*. Please indicate if it is acceptable transfer credit and if an equivalency or elective credit can be awarded. Thank you.

INSTITUTION: \_\_\_\_\_

COURSE NUMBER: \_\_\_\_\_ CREDITS: \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_ MAJOR: \_\_\_\_\_

COLLEGE I.D. \_\_\_\_\_ PHONE: \_\_\_\_\_ CELL or HOME  
(circle one)

ELECTIVE CREDIT: YES NO EQUIVALENCY: \_\_\_\_\_  
(circle one)

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

Department Chair Signature

Date

\*If you are seeking credit towards the Diversity or International Studies requirements you must submit both a course description and syllabus.