

TRANSFER COURSE EQUIVALENCY FORM

(This form is used for prior determination of equivalence for course(s) to be taken at another institution or for appeal of transfer credit on existing evaluation on file)

Student Name: _____ UIN: _____

Address: _____

Major Department: _____ Advisor: _____

Please indicate reason for using this form:

_____ Prior determination of equivalence for course to be taken at another institution, _____ Semester, 20 _____
NOTE: Form must be completed prior to earning credit.

_____ Equivalency Form to correct existing evaluation on file. **(PLEASE ATTACH A COPY OF EXISTING EVALUATION TO THIS FORM)**

TRANSFER INSTITUTION	TRANSFER COURSE PREFIX AND NUMBER	HOW COURSE APPEARS ON EVALUATION	ODU EQUIVALENT	CR. HR.	ALL (Y/N)

Department Approval Signature: * _____, Date: _____

* Department approval is granted by the department chair where the Old Dominion equivalency course is located.

ADVISOR'S COMMENTS: _____

FOR OFFICE USE ONLY

1. Equivalency Form Received _____
2. Processed Date _____ by _____

Distribution:
 Office of Admissions, 108 Rollins Hall, Transfer Processing Unit