

UNDERGRADUATE TRANSFER COURSE EQUIVALENCY FORM

(This form is used for (1) determination in advance of equivalence for course(s) to be taken another institution or (2) appeal of transfer credit on existing evaluation on file.)

Student Name: _____ UIN: _____

Address: _____

Major Department: _____ Advisor: _____

Site Name: _____

Please indicate reason for using this form:

_____ Determination in advance of equivalence for course to be taken at another institution, _____ Semester, 2 _____

NOTE: Form must be completed and permission obtained prior to earning credit. Do not submit this form to the Office of Admissions until the course(s) has been completed.

_____ Equivalency Form to correct existing evaluation on file.

TO BE FILLED OUT BY THE STUDENT					TO BE FILLED OUT BY THE APPROPRIATE DEPARTMENT						
TRANSFER INSTITUTION	COURSE PREFIX AND NUMBER	HOW COURSE APPEARS ON EVALUATION	CREDIT HOURS		OLD DOMINION COURSE EQUIVALENCY	APPROVED FOR		DEPARTMENT APPROVAL*			DATE
			SEM	QTR		THIS STUDENT ONLY	ALL STUDENTS	YES	NO	SIGNATURE	
Ex. Radford	HIST 346	Hist 3**1	3								

* 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 _____

RETURN APPROVAL BY CAMPUS MAIL OR IN A SEALED ENVELOPE (IF DELIVERED) TO THE OFFICE OF ADMISSIONS, 108 ROLLINS HALL, FOR PROCESSING.