

**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)***Please process within two weeks of receipt. Forward response to Dean's Office.***☐ Equivalency approved.

Course is equivalent to USD's: _____

USD course prefix/number/title (Ex: ENGL 101 Composition)

☐ Equivalency denied. *Denials will be sent by the academic dean to the Provost's Office for review.*

Reason for denial: _____

Name of Authorizing Department Chair (please print): _____

Signature_____
Date***Dean's Office 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☐ Denial forwarded to Provost's Office for further review.

Name of Authorizing Dean (please print): _____

Signature_____
Date***Provost's Office Review Will be forwarded to Transfer and Registrar's office within one week of receipt:***☐ Denial of Equivalency Confirmed☐ Denial of Equivalency Reversed

Reason for reversal: _____

Name of Provost's Office representative (please print): _____

Signature_____
Date