



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