Course Equivalency Form

(Please Print All Information)

Office of Records, PO Box 9609, 3500 John A. Merritt BLVD., Nashville, TN 37209-1561, Fax: 615-963-5108

T-Number: T_____ Major: _____

Name: _____
Last First Middle

Course Equivalency

Transfer Course					TSU's Equivalent Course				
Disc.	Course No.	Course Title	Crs.	Grade	Disc.	Course No.	Course Title	Crs.	Grade

Approved By:

_____ _____ _____
Advisor Date Department Head Date College/Dean Date

Records Office Use Only

Comments: _____

Processed: _____ Date: _____