

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:

Major:

Last Name:

First Name:

Middle:

COURSE EQUIVALENCY

| Transfer Course | | | | | TSU's Equivalent Course | | | | |
|-----------------|------------|--------------|------|-------|-------------------------|------------|--------------|------|-------|
| Disc. | Course No. | Course Title | Crs. | Grade | Disc. | Course No. | Course Title | Crs. | Grade |
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Approved By: Advisor:

Date:

Dept Head:

Date:

College/Dean:

Date:

Records Office Use Only

Comments:

Processed:

Date: