

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: _____