

Dixie State University TRANSFER CREDIT EQUIVALENCY FORM
 This form must be signed by the Department Chair and Dean of the requested DSU course equivalency

Name: _____

Banner ID:

Degree: _____

Date: _____

The student and the student's program advisor should complete all items below and forward to the appropriate DSU Department Chair and Dean for evaluation. To ensure proper credit, the form should then be submitted to the Transcript Evaluator for entry.

- 1) Attach appropriate catalog course descriptions and/or syllabi from your transfer institution.
- 2) Submit a copy of your transcript from the transfer institution.

Transfer Institution & Dates Attended: _____

<u>Transfer Courses</u>			<u>Requested DSU Course Equivalencies:</u>				
<u>Transfer Course #</u>	<u>Transfer Course Title</u>	<u>Credit Hrs</u> (Circle: Sem/Qtr)	<u>DSU Course #</u>	<u>DSU Course Title</u>	<u>Credit Hrs</u> (Semester)	<u>Action Taken:</u> Approved Denied**	
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

**Course may still be used for elective credit.

NOTE to Department Chairperson and Dean: All course equivalencies approved above will apply to this student and all others who have completed this transfer course/s. For courses listed above that are not fully equivalent, but where course substitutions are warranted for this student, please have the student's advisor complete a Course Substitution Form and do not check off "approved" above.

DSU Program Advisor's Signature: _____

Date: _____

DSU Department Chair's Signature: _____

Date: _____

DSU Dean's Signature: _____

Date: _____

PLEASE FORWARD TO THE TRANSCRIPT EVALUATOR IN THE REGISTRAR'S OFFICE