



Course Equivalency Form

This form is used for transfer courses from regionally accredited institutions, other than DSU, that are equal to a DSU course by approval of the academic department. This course equivalency will be **accepted for all current and future students**. Please attach a course description and/or course syllabus of the course from that institution to this form. Return with original signatures to the Office of Academic Records to update the student's records for prerequisites and degree requirements. (Updated 05/07/15)

Student's Name: _____

ID#: _____

Student's Signature: _____

Date: _____

TRANSFER COURSE	DSU COURSE EQUIVALENT
College: _____	DSU Course No: _____
Course No.: _____	DSU Course Title: _____
Course Title: _____	_____

COMMENTS/ADDITIONAL INFORMATION: _____

REQUIRED SIGNATURES:

Student Advisor: _____ Date: _____

Department Chair of Major: _____ Date: _____

Department Chair of Course: _____ **Date:** _____

Registrar: _____ Date: _____

Check box if REQUEST IS DENIED/COMMENTS: _____

Registrar's Office Use: Completed by: _____ Date: _____