TRANSFER COURSE EQUIVALENCY REQUEST

Office of Admissions Phone: 410-704-2113



Instructions for Using This Form

Students Complete Section I and attach a course description and/or an original syllabus. Submit the completed form to the appropriate academic department based on the equivalency you are requesting.

Faculty: Complete Section II based on your review of the course materials provided by the student Please indicate whether an approved equivalency can be retained as permanent for future transfer evaluations. Email the completed form to articulation@towson.edu.

Sec+	I: T	be c	e ve d b	
Name (print):				Date:
Signature:				TU ID number:
TU Rmail:				Semester entered TU:
Original transfer institution:				
Original course number:				Current transfer equivalency @ TU:
Semester course completed:				
Transf	er coui	rse title:		Credits eamed:
REQU	IESTEI) TOWS	ON UNIVERSITY	COURSE EQUIVALENCY:
TU course number:				TU credit hours:
_				
	_			