PhD Program

Transfer of credit/equivalency evaluation

Student Name:

Faculty Advisor:

CON Course Title/Number:

Circumstance requiring equivalency evaluation:

Equivalent course proposed:

 Institution:

 Course Title/Number:

 Course Syllabus (attach syllabus)

Approval granted:

Student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

Faculty Advisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

Director of PhD Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_

cc: Graduate Programs Office

 Student Academic File

Course Evaluation: