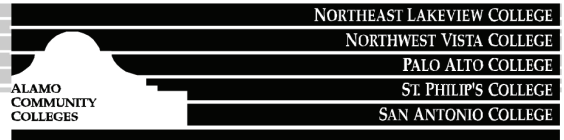


Transfer Equivalency Review



Student Name (Last, First) _____

Social Security Number _____

Date _____

Student Telephone _____

Student Email Address _____

Office Personnel _____

If course equivalency is questionable, please include course description from the year course was taken.

<p>Institution</p> <p>_____</p>	<p>Catalog Year</p> <p>_____</p>	<p>FOR OFFICE USE ONLY:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;"> <p>Approved</p> <p><input type="checkbox"/></p> <hr style="width: 80%; margin: 0 auto;"/> <p>Approval</p> </td> <td style="width: 33%; text-align: center;"> <p>Not Approved</p> <p><input type="checkbox"/></p> <hr style="width: 80%; margin: 0 auto;"/> <p>Approval</p> </td> <td style="width: 33%; text-align: center;"> <p>Petition Required</p> <p><input type="checkbox"/></p> <hr style="width: 80%; margin: 0 auto;"/> <p>Approval</p> </td> </tr> </table>	<p>Approved</p> <p><input type="checkbox"/></p> <hr style="width: 80%; margin: 0 auto;"/> <p>Approval</p>	<p>Not Approved</p> <p><input type="checkbox"/></p> <hr style="width: 80%; margin: 0 auto;"/> <p>Approval</p>	<p>Petition Required</p> <p><input type="checkbox"/></p> <hr style="width: 80%; margin: 0 auto;"/> <p>Approval</p>
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