TO:       Department Chair

DATE:       ____________________________

RE: __________________________________

Student's Name       Student's ID Number

The student listed above has transferred to ASU from an accredited institution. To establish how the transfer hours may be used toward a degree, your assistance is needed in determining the ASU equivalency for the following course from:

________________________________________________________________________

Name of Previous Institution

A course description is attached for your assistance.

Transfer course: __________________________________________________________

ASU course equivalency: __________________________________________________ or

ASU one-time course substitution: _____________________________________________

NOTE: If the course is not equivalent or a substitution, the course will be listed as general credit.

_________________________________________       ______________________________
Chair’s Signature       Date

PLEASE RETURN THIS FORM TO THE OFFICE OF THE REGISTRAR