UNDERGRADUATE TRANSFER COURSE EQUIVALENCY FORM

(This form is used for (1) determination in advance of equivalence for course(s) to be taken at another institution or (2) appeal of transfer credit on existing evaluation on file.)

Student Name: _______________________________  UIN: _______________________________

Address: __________________________________________

Major Department: _____________________________  Advisor: ___________________________

Site Name: _____________________________

Please indicate reason for using this form:

_____ Determination in advance of equivalence for course to be taken at another institution,  _____ Semester, 2 _____

NOTE: Form must be completed and permission obtained prior to earning credit. Do not submit this form to the Office of Admissions until the course(s) has been completed.

_____ Equivalency Form to correct existing evaluation on file.

<table>
<thead>
<tr>
<th>TRANSFER INSTITUTION</th>
<th>COURSE PREFIX AND NUMBER</th>
<th>HOW COURSE APPEARS ON EVALUATION</th>
<th>CREDIT HOURS</th>
<th>OLD DOMINION COURSE EQUIVALENCY</th>
<th>APPROVED FOR</th>
<th>DEPARTMENT APPROVAL*</th>
<th>DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ex. Radford</td>
<td>HIST 346</td>
<td>Hist 3**I</td>
<td>3</td>
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* Department approval is granted by the department chair where the Old Dominion equivalency course is located.

ADVISOR'S COMMENTS:

________________________________________

FOR OFFICE USE ONLY

1. Equivalency Form Received ___________________________

2. Processed Date ___________________________ by ___________________________

RETURN APPROVAL BY CAMPUS MAIL OR IN A SEALED ENVELOPE (IF DELIVERED) TO THE OFFICE OF ADMISSIONS, 108 ROLLINS HALL, FOR PROCESSING.