UNDERGRADUATE TRANSFER COURSE EQUIVALENCY FORM

tudent Name:	UIN:										
ddress:											
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lease indicate reason for using this form:					Advisor: Site Name:						
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TO BE FILLED OUT BY THE STUDENT					TO BE FILLED OUT BY THE APPROPRIATE DEPARTMENT						
TRANSFER INSTITUTION	COURSE PREFIX AND	HOW COURSE APPEARS ON	CREDIT HOURS		OLD DOMINION COURSE	APPROVED FOR		DEPARTMENT APPROVAL*			DATE
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RETURN APPROVAL BY CAMPUS MAIL OR IN A SEALED ENVELOPE (IF DELIVERED) TO THE OFFICE OF ADMISSIONS, 108 ROLLINS HALL, FOR PROCESSING.