

# TRANSFER COURSE EQUIVALENCY REQUEST

Office of Admissions  
Phone: 410-704-2113



## Instructions for Using This Form

**Students:** Complete Section I and attach a course description and/or an original syllabus. Submit the completed form to the appropriate academic department based on the equivalency you are requesting.

**Faculty:** Complete Section II based on your review of the course materials provided by the student. Please indicate whether an approved equivalency can be retained as permanent for future transfer evaluations. Email the completed form to articulation@towson.edu.

## Section I: To be completed by STUDENT

Name (print): \_\_\_\_\_ Date: \_\_\_\_\_  
Signature: \_\_\_\_\_ TU ID number: \_\_\_\_\_  
TU Email: \_\_\_\_\_ Semester entered TU: \_\_\_\_\_  
Original transfer institution: \_\_\_\_\_  
Original course number: \_\_\_\_\_ Current transfer equivalency @ TU: \_\_\_\_\_  
Semester course completed: \_\_\_\_\_ Credits earned: \_\_\_\_\_  
Transfer course title: \_\_\_\_\_

### REQUESTED TOWSON UNIVERSITY COURSE EQUIVALENCY:

TU course number: \_\_\_\_\_ TU credit hours: \_\_\_\_\_  
TU course title: \_\_\_\_\_

## Section II: To be completed by ACADEMIC DEPARTMENT

Departmental Decision:  **Approved** as permanent equivalency (for all students)  
 **Approved** ONLY for this student  
 **Denied**

Signature: \_\_\_\_\_ Name (print): \_\_\_\_\_  
Date: \_\_\_\_\_ Comments: \_\_\_\_\_

## Section III: To be completed by TRANSFER STUDENT CENTER

Transfer Evaluation Services has **approved** this request. Please view this update on your Transfer Credit Report.  
 Transfer Evaluation Services has **denied** this request.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Comments: \_\_\_\_\_