

## COURSE EQUIVALENCY EVALUATION

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ Date: \_\_\_\_\_

Major: \_\_\_\_\_ Emphasis: \_\_\_\_\_ Advisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Institution where course was taught: \_\_\_\_\_

**Please circle “=” if a course is EQUIVALENT or “SUB” if a course is being used as a SUBSTITUTION. Specify when two or more transfer courses are required to equal one NSU course or if a transfer course equals more than one NSU course.**

Dept.	Course #	Course Title	=	<i>or</i>	<b>SUB</b>	NSU Dept.	Course #	Course Title
Dept.	Course #	Course Title	=	<i>or</i>	<b>SUB</b>	NSU Dept.	Course #	Course Title
Dept.	Course #	Course Title	=	<i>or</i>	<b>SUB</b>	NSU Dept.	Course #	Course Title
Dept.	Course #	Course Title	=	<i>or</i>	<b>SUB</b>	NSU Dept.	Course #	Course Title
Dept.	Course #	Course Title	=	<i>or</i>	<b>SUB</b>	NSU Dept.	Course #	Course Title

**EXCEPTION(S):**

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Signature of Approval from Department Chair or College Dean \_\_\_\_\_

Date \_\_\_\_\_