

Course Equivalency Request

A course description might be necessary to determine equivalency of a course taken at another institution to a course offered by CSN. Processing time varies depending on the steps below:

- 1 Student submits appropriate documentation (see below) to the Office of the Registrar.
- 2 Office of the Registrar forwards course description* to appropriate department.
- 3 Department determines if course is equivalent and responds to the Office of the Registrar.
- 4 Student's account is adjusted according to department recommendation.

Has your Transfer Credit Evaluation been completed? YES NO (results will not be given until evaluation is complete)

Student Signature: _____ Date: _____

Please note: CSN accepts copies of institutional catalog pages and printouts from institutional websites. **Please submit course description from the catalog year you took the course**. All international course descriptions must be translated by an accredited agency. For a complete list of acceptable agencies, please go to http://www.naces.org/members.htm.

Copy and pasted course descriptions will be automatically denied.

| *Appropriate documentation | | | | | | | | | |
|----------------------------|---|----|---|---|--|--|--|--|--|
| | Using Institution's Catalog | | | Using Institution's Website | | | | | |
| 1 | Submit copy of front cover of catalog. | OR | 1 | Submit course description * from the school | | | | | |
| 2 | Submit copy of accreditation page from catalog. | | | website (make sure URL is visible at the bottom | | | | | |
| 3 | Submit course description.* | | | of the page). | | | | | |

*Some departments may require a syllabus.

List the school and course you wish to have considered as a CSN equivalent (must submit one form per course):

| Transfer School: _ | Course: | | Equivalent to course: | offered at CSN |
|--------------------|---------|----------------------------|-----------------------|----------------|
| Approved | Denied | Department Chair Signature | | |

Comments: _

| Official Use Only | | | | | | | |
|---------------------------------------|------------|----------------|-------------------------|--|--|--|--|
| Front Desk Only: | Date stamp | Eva | luator only: | | | | |
| Verified TCE request/completion is on | | | already in system | | | | |
| file. | | Sent to Depart | rtment Chair for review | | | | |
| Noted in external education comments | | Logged in res | sults | | | | |
| under appropriate school. | | Notified stude | ent | | | | |
| Verified appropriate documentation is | | | | | | | |
| attached. | | | | | | | |
| | | | | | | | |
| Received by (print) | | Initials | Date | | | | |

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