DIRECT TRANSFER EQUIVALENCY COURSE PETITION

(Available On-Line http://www.washburn.edu/faculty-staff/faculty-resources/policies-forms/forms/course-transfer-equivalency.pdf)

PROCEDURE FOR PETITIONING FOR APPROVAL OF TRANSFER COURSE AS A DIRECT EQUIVALENT TO A WASHBURN UNIVERSITY COURSE

A. This form should be used to request direct equivalent credit for a transfer course. If your equivalency request is approved by the departmental chairperson and the course is on Washburn’s approved general education course list, you will be awarded the appropriate general education credit.

B. This petition should be completed and submitted as soon as possible after transferring to Washburn University.

C. Submit this completed petition to your academic advisor for forwarding to the chairperson of the department for which the transfer equivalency determination is being requested.

D. Your advisor, along with the University Transcript Analyst and the University Auditors, will be notified of the departmental chairperson’s decision.

STUDENT INFORMATION

STUDENT NAME: ___________________________ WIN NUMBER: ___________

STUDENT ADDRESS: __________________________________________________________

STUDENT CITY/STATE/ZIP: ____________________________________________________

STUDENT PHONE NUMBER: ____________________________________________________

MAJOR DEPARTMENT (If Applicable): _____________________________________________

ACADEMIC ADVISOR: __________________________________________________________
TRANSFER COURSE INFORMATION

COLLEGE OR UNIVERSITY: ____________________________________________________________

LOCATION: ________________________________________________________________________

SEMESTER & YEAR TRANSFER COURSE WAS COMPLETED: ________________________________

DEPARTMENT: ______________________________________________________________________

OFFICIAL COURSE NUMBER AND TITLE: ________________________________________________
(From Transferring Institution)

COURSE CREDIT HOURS: ______________________________________________________________________

COURSE PREREQUISITES: ______________________________________________________________________
Course(s) and Number(s)

ATTACH COURSE CATALOG DESCRIPTION:

DOES THIS COURSE CONTAIN A LAB COMPONENT? YES NO
IF YES, DESCRIBE

ATTACH A COURSE SYLLABUS TO THIS PETITION

IDENTIFY THE WASHBURN COURSE WHICH YOU BELIEVE IS AN EQUIVALENT COURSE

BRIEFLY EXPLAIN WHY YOU BELIEVE THIS COURSE IS EQUIVALENT TO THE COURSE
CURRENTLY OFFERED BY WASHBURN UNIVERSITY.

______________________________
Student Signature

______________________________
Date of Submission

I have reviewed this student’s petition for completeness and accuracy.

______________________________  ______________________________
Academic Advisor (Print)       Academic Advisor (Signature)         Date of Submission

_______ Approve   _______ Disapprove

Equivalent to Washburn University Course ______________________________

______________________________
Signature of Department Chair

Department Chair: Once you have evaluated this course, please submit the form along with your decision to the VPAA’s Office for processing.