

DEPARTMENT OF COMMUNICATION STUDIES
REQUEST FOR TRANSFER EQUIVALENCY

Students who have taken Communication Studies coursework elsewhere who wish to have that coursework assessed for transfer equivalency should provide the Assessment Committee with the following information.

Name of Student _____ E-mail: _____

Address _____ Student ID: _____

Intended Major _____ Intended Minor _____

Number/Name of Course requested for Transfer _____

Course Level: 100s 200s 300s 400s (Circle one.) Number of Credits ____ Quarter Semester (Circle one.)

Name of Institution _____ Date of Course Completion _____

Please provide the following information:

Course Bulletin Description (From the non-SCSU institution) _____

OR

Published Course Objectives _____

Text and/or Readings Required _____

Course Syllabus and transcript or DARS must be attached.

List and Description of Assignments (if not included in syllabus) _____

For Committee Use Only:

Equivalency granted

Equivalency denied for the following reasons:

Insufficient information for determination of equivalency.