

## **Transfer Equivalency Request/Verification Form**

**Directions:** This form can be used for official verification of the transferability of a course(s), and for verification of courses that are **NOT** listed in the COURSE TRANSFER SYSTEM (CTS). This form can only be used by undergraduate UM-Dearborn students. Before this request can be processed, all information below must be completed. If the course is not in the CTS, a course description and syllabus must be provided. Grades and honor points are not accepted in transfer. The transfer credit policy states that transferable courses must be completed at a regionally-accredited institution with a grade of C or better. Whenever it can be determined that a course has an equivalent, a UM-Dearborn course subject and number will be given.

CEHHS: □

COB: □

Name: _						MID: _				
UM-D E	-Mail Ao	ddress: _		@umich.edu	()Phone		Date			
_									<del></del> -	
When do you plan to take this coursework? Term:							Year:			
Name of (where course	College se(s) will be	or University	ersity:							
Address of School: City							State	Zip		
									<u>_</u>	
Course(s) Subject and Course # at Guest Institution						OFFICE USE ONLY				
G 11 4	Course	c Credit Hour(s) Title of course at guest institution:			Transferable?		Cr.			
Subject	#	Hour(s)	Title of course at guest insti	tution:	Y	N	Will transfer as:		Hours	
_									_	
For Office U										

Please submit to your Academic Unit.

Date

**Advisor Signature** 

Academic Unit: CASL:

CECS: □