

PETITION TO APPROVE
TRANSFER CREDIT EQUIVALENCY



120 Hayden Hall
360 Huntington Avenue, Boston, MA 02115
Tel: 617.373.2300 Fax: 617.373.5351
TTY: 617.373.5360 www.neu.edu/registrar

COURSE INFORMATION

Name of Institution where course will be taken _____

Institution's City _____ State _____

Course Title _____

Course Number _____ Credits _____ SH QH

Notes _____

REVIEW

Department Reviewer's Name _____

Dept _____ Office _____ Ext _____ E-mail _____

Reviewer's Signature _____ NU Course Equivalent _____

Notes _____

SENT TO:

Faculty Reviewer _____

College _____ Office _____ Ext _____ E-Mail _____

RETURN TO:

Adviser's Name _____

College _____ Office _____ Ext _____ E-Mail _____

STUDENT REFERENCE FOR ADVISER

NUID -

Name _____

Course posted to equivalency table

Registrar's Office Signature _____ Date _____