



REQUEST FOR ADJUSTMENT OF TRANSFER EQUIVALENCY

Student Name \_\_\_\_\_

Student ID Number \_\_\_\_\_ BroncoMail Address \_\_\_\_\_

Phone \_\_\_\_\_ Advisor \_\_\_\_\_ Major & Degree \_\_\_\_\_

This form is used to make transfer equivalencies only. This equivalency will set a precedent and the Registrar's Office will apply it to all future transfer students. \*\*The equivalency will remain on file until the Chair of the Department rescinds it.

GENERAL TRANSFER EQUIVALENCY:

Table with 2 columns: Field Name, Field Value. Fields include Transfer Institution (Full name), Transfer Course Number and Title, and Boise State Equivalent Course Number and Title.

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Attach additional course descriptions/syllabi and/or other documents required by department receiving request.

Required Signatures: Chair of Department Offering Course AND Dean of College Offering Course

Chair Signature Date Dean Signature Date

It is the responsibility of the final signer to send the approved original to the Registrar's Office or to notify the student and first signer of a denied request. When action has been completed on an approved request, the student will be notified by the Registrar's Office.