

Transfer Course Equivalency/ Experiential Learning

Form MUST be signed by Advisor/Division Chair before it can be processed in the Records Office

Name: _____ **NTC ID:** _____

Street: _____ **Date:** _____

City: _____ **State:** _____ **Zip:** _____

This equivalency evaluation is for courses taken at:

_____ toward the program indicated below:
 (Specify Name and Location of Institution)

Catalog Used

Program: _____

Verify
(Office Only)

Do you have Grad Plans submitted to the Records Office? Yes No

Substitute/Transfer Course(s):

Trans. Dept.	Course No.	Substitution/Transfer Course Title	Period Taken	Grade Rec'd	Credits Rec'd

To be used in place of:

*Division CHAIR USE ONLY

NTC Dept.	NTC Crs. No.	Course Title	*DARS Perm. Equiv.*Y/N	Credits Granted

*Y indicates that this transfer equivalency can be set-up as a permanent equivalency in DARS

Signature of Instructor: _____ Recommendation: Approval Denial

Signature of Advisor: _____ Recommendation: Approval Denial

Signature of Division Chair: _____ Recommendation: Approval Denial

COMMENTS:

Records Office: _____ Recommendation: Approval Denial

For Office Use ONLY

DARS: _____
 Date Initials Code Req.