

TRANSFER COURSE EQUIVALENCY FORM

TO:	i i	Elizabeth Villarreal, Director of Enrollment Services						
FROM (Name	: and Title)						
DATE	:							
RE:	(Course Equivalency	Form					
Studer	nt's Name:					Banner:		
AA	AS	AAT AAS	CER	Τ				
Major:							Catalog Year:	
wajor.	Pre-Major Title Pre-Major Code					Oatalog rea	(Ex: 14-15)	
	Course Taken:						Equivalency for:	
College	University	Catalog Year Taken	Credit Hours	Course ID	Course Tit	e Course ID	Course Title	
		,		,				
	Learning AND/ OR Compatib al/Disapprov	ole according to the Terral to be completed on	exas Common	Course Numb	pering Syster	n or other approved ed	quivalency systems.	
	Approve	Disapprove						
						urse equivalencies a the right to accept o		
Student/Initiator Signature						Date	Date	
Advising Team Leader Signature						Date	Date	
Chairperson/Discipline Faculty Lead Signature							Date	
Acader	nic Dean Si	gnature				Date		

Course equivalencies will be reviewed by the appropriate faculty discipline lead based on the course being reviewed and not the student's program of study.

Course equivalencies will be determined only for those students who have previous college work at a regionally accredited college or university, including the Community College of the Air Force (CCAF), and plan to attend Palo Alto College.

When the advisor forwards this document to the Chair, attach a copy of the college transcript and any supporting documentation including course descriptions from the sending institution.

Once the form is approved, Admissions and Records will submit the approved forms in a Footprint to CSI for immediate posting.