

**TRANSFER EQUIVALENCY/ARTICULATION
APPROVAL REQUEST FORM**

Date of Request: _____

Transfer Course Number: _____

Transfer Course Name: _____

Transfer Course Semester Credit Hours: _____

Course Description:

Transfer Institution Name: _____

Transfer Date: _____

Equivalent Course Name and Number at UAH: _____

Approved: Global _____

 Individual _____

Student Name: _____

Student Number: _____

Department Chair Signature _____ Date _____

Received in Office of Registrar:

Signature _____ Date _____

Processed by:

Signature _____ Date _____