



Graduate and Professional Programs Initial Transfer Course Equivalency (TCCE)

NSU College: _____

Student Name: _____ **NSU ID:** _____

Level Code: _____ **Effective Term/Semester:** _____

Transfer Institution Name: _____

Transfer Institution School Code: _____

Course Prefix and Number: _____

Course Title: _____

Credit Hours: _____

Faculty Committee Review

Approved: _____ **Declined:** _____

Course Equivalency: _____

Course Title: _____

Credit Hours: _____

Faculty Review Committee Chair: _____ **Title:** _____

Signature: _____ **Date:** _____

Upon completion please submit to: esstes@nova.edu