



NOVA SOUTHEASTERN UNIVERSITY

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