



# Transfer Equivalency Request Form

## To be completed by student

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Student #: \_\_\_\_\_  
 Program: \_\_\_\_\_ Degree: \_\_\_\_\_ Catalog Year: \_\_\_\_\_

Transfer Institution Name: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Transfer School Credit System (Note: 1 Semester Hour = .67 Quarter Hours): Semester Quarter

Transfer School Accreditation:

Middle States Commission on Higher Education	MSCHE
New England Association of Schools and Colleges	NEASC
Higher Learning Commission	HLC
Northwest Commission on Colleges and Universities	NWCCU
Southern Association of Colleges and Schools	SACS
Western Association of Schools and Colleges	WASC
Accrediting Commission for Community and Junior Colleges	ACCJC

Not Regionally Accredited:

	Course Title	Course Subject	Course Number	# of Credits
Course wanting to transfer				
Equivalency for CEI Course				

**\*\*Please supply course description &/or syllabus**

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## To be completed by Faculty/Administration

- Approve equivalency for this student's transcript only.
- Update the transfer database for future students.
- Denied. Course is not equivalent to CEI's course.

Faculty Advisor : \_\_\_\_\_

Faculty Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Department Chair \_\_\_\_\_

Department Chair Signature: \_\_\_\_\_ Date: \_\_\_\_\_