

COURSE INFORMATION	
Name of Institution where course will be taken:	_____
Institution's City:	_____ State: _____
Course Title:	_____
Course Number:	_____ Credits: _____ <input type="checkbox"/> SH <input type="checkbox"/> QH
Notes:	_____

REVIEW	
Department Reviewer's Name:	_____
Dept:	_____ Office: _____ Ext: _____ E-Mail: _____
Reviewer's Signature:	_____ NU Course Equivalent: _____
Notes:	_____

SENT TO:	
Faculty Reviewer:	_____
College:	_____ Office: _____ Ext: _____ E-Mail: _____

RETURN TO:	
Advisor's Name:	_____
College:	_____ Office: _____ Ext: _____ E-Mail: _____

STUDENT REFERENCE FOR ADVISER	
NUID:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Name:	_____

Course posted to equivalency table

Registrar's Office Signature: _____ Date: _____