TOWSON
UNIVERSITY

PETITION TO CHANGE ORIGINAL TRANSFER CREDIT EVALUATION

Transfer Evaluation Services
Admissions Office
ENROLLMENT SERVICES BUILDING
ROOM 218
410-704-3229

NAME:_____ DATE:_____
(PLEASE PRINT)
SIGNATURE:_____
TU ID NUMBER:_____
ADDRESS:_____
_____

MATRICULATION DATE AT TU:_____
ORIGINAL TRANSFER INSTITUTION:_____
SEMESTER & YEAR COURSE COMPLETED:_____
TRANSFER COURSE NUMBER:_____
TRANSFER COURSE TITLE:_____
CREDIT HOURS**:**_____

What TU Course do you wish the above course to substitute?

TU COURSE NUMBER:_____
TU COURSE TITLE:_____
CREDIT HOURS:_____

DEPARTMENTAL ACTION:
_____ **APPROVED**
_____ **DENIED**

REASON FOR DENIAL:_____
_____
_____
_____

_____ _____
SIGNATURE (DEPARTMENTAL CHAIR/EVALUATOR) DATE

_____TRANSFER EVALUATION SERVICES HAS **APPROVED** YOUR PETITION. YOU CAN VIEW THIS UPDATE TO YOUR TRANSFER WORK THROUGH ONLINE SERVICES DEGREE PROGRESS REPORT.

_____TRANSFER EVALUATION SERVICES HAS **DENIED** YOUR PETITION**:**

_____
_____
_____

_____ _____
(EVALUATOR SIGNATURE) **DATE**