

# COURSE ELSEWHERE APPROVAL FORM

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Institution Course Title & Number	Semester & Year	Semester Hours Credits	Southeastern Course Equivalent	Graduate Coordinator Approval	Department Head Approval	Academic Dean Approval

**Graduate Coordinator**                      **Date**                      **Academic Dean**                      **Date**  
  
**Department Head**                      **Date**                      **Director of Graduate Studies**                      **Date**

**TRANSFER OF CREDIT REQUIREMENTS:**