

COURSE INFORMATION

Name of Institution where course will be taken: _____

Institution's City: _____ State: _____

Course Title: _____

Course Number: _____ Credits: _____ SH 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: -

Name: _____

Course posted to equivalency table

Registrar's Office Signature: _____ Date: _____