PSYCHOLOGY DEPARTMENT University of North Texas

Transfer/Course Substitution Request For Graduate Course

Student Name:		ID#:	
Program:		Date:	
1. COURSE TITLE TO BE TRANSFERRED TO UNT:			
2. TEXT AND/OR READINGS: PLEASE ATTACH ON EXTRA SHEETS			
3. COURSE COMPLETION DATE:		4.GRADE RECEIVED:	
UNIVERSITY ATTENDED:			
5. ATTACH SYLLABUS:	REQUIRED		
6. COURSE DESCRIPTION:			
7. CATALOG DESCRIPTION:			
7. CHILDOG BESCRIFTION.			
8. UNT COURSE EQUIVALENT (NAME AND COURSE NUMBER):			
# OF HOURS:			
# OF HOURS:			
	D ((C) :		D. (
Signature of Program Director or Department Chair This signature means they have found this course to be equivalent. Date			