

## HIT/HIM COURSE EQUIVALENCY EVALUATION

Student Name: \_\_\_\_\_

Student ID: \_\_\_\_\_

Advisor Name: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

**Guidelines for submission:**

- Course must have been completed within the past 27 months
- Only courses with and earned B or better will be evaluated for equivalency credit
- A copy of the syllabus, including faculty name, must be submitted for each course
- Completed forms along with copies of syllabi should be sent to: [mtober@davenport.edu](mailto:mtober@davenport.edu)

**Requesting Evaluation of the follow course(s) for course equivalency credit:**

School: \_\_\_\_\_

Course Number	Course Name	Faculty Name	Grade Earned	DU Course Equivalency Approved - number & title (to be completed by DU Staff)

**Reviewers Notes:**

---



---



---



---



---

Approved By \_\_\_\_\_ Date: \_\_\_\_\_

Copy of completed/approved Course Evaluation form sent to: [Central.Registrar@davenport.edu](mailto:Central.Registrar@davenport.edu)