TEXAS TECH UNIVERSITY
College *of* Arts & Sciences™

Concurrent Enrollment or Transfer

Name: _____

Student R#: _____

Email Address: _____

Graduation Date: _____

<mark>Do you plan to complete a consortium agreement with Financial Aid for these courses? (Check one)</mark> ☐ Yes ☐ No

Transfer Institution _____

Semester/Term _____

Course(s) at Transfer Institution*:

Use the Transfer Equivalency Search to check course equivalencies.

Texas Tech Equivalency:

_____ _____

_____ _____

_____ _____

_____ _____

*Please include course prefix and number (ex: SPAN 1411)

Your request will be reviewed by the Assistant Dean as soon as possible. Official notification of approval or denial will be sent to your TTU email address.

_____ _____
Student Signature *Date*

The above course(s) are degree applicable and will transfer back to Texas Tech.

_____ _____
Kymberli Saldana, Assistant Academic Dean, College of Arts and Sciences *Date*