

## Course Notation Form

*This form is used when TRAN (general elective credit) is originally assigned to a transfer course and the student wishes to use the course toward a degree requirement. Return the signed form to the Office of Academic Records in Brown Administrative Complex, Room 154 or via email to [academicrecords@hbu.edu](mailto:academicrecords@hbu.edu). Students are responsible for providing a course description and/or syllabus for each course listed.*

<b>Student Name (Last, First, Middle):</b> _____	<b>H#:</b> _____
<b>HCU email:</b> _____	<b>Phone:</b> _____
<b>Major:</b> _____	<b>Advisor:</b> _____
<b>Classification:</b> _____	

<b>University Attended:</b> _____		
<i>Name of institution</i>	<i>City</i>	<i>State</i>
<b>When was the course taken?</b> _____		<b>(Note: 1 quarter credit = 2/3 semester credit)</b>
<i>Semester/Quarter &amp; Year</i>		

COURSE INFORMATION (OUTSIDE INSTITUTION)					HCU EQUIVALENT COURSE INFORMATION				DEPARTMENTAL APPROVAL PROCESS	
Subject	Course Number	Course Title	Credit Hours	Grade	Subject	Course Number	Course Title	Credit Hours	Approved	Signature
									<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	_____ <i>Advisor</i> <span style="float: right;"><i>Date</i></span> _____ <i>Dean</i> <span style="float: right;"><i>Date</i></span>
									<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	_____ <i>Advisor</i> <span style="float: right;"><i>Date</i></span> _____ <i>Dean</i> <span style="float: right;"><i>Date</i></span>
									<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	_____ <i>Advisor</i> <span style="float: right;"><i>Date</i></span> _____ <i>Dean</i> <span style="float: right;"><i>Date</i></span>
									<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	_____ <i>Advisor</i> <span style="float: right;"><i>Date</i></span> _____ <i>Dean</i> <span style="float: right;"><i>Date</i></span>
									<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	_____ <i>Advisor</i> <span style="float: right;"><i>Date</i></span> _____ <i>Dean</i> <span style="float: right;"><i>Date</i></span>

<i>Academic Department Use Only</i>	
<b>Valid for all students?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>If Yes, specify which course(s):</b> _____
<b>Dean Approval:</b> _____	

<i>Office of Academic Records Use Only</i>	
<b>Processed in Banner:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Processed by:</b> _____	<b>Date:</b> _____



**Houston Christian**  
UNIVERSITY  
OFFICE OF ACADEMIC RECORDS