

Feedback on Non-QU Course Equivalency

This form is to be completed by the Student Records Section.

Request Date:

Non-QU Course Information	
Term:	University:
Country:	Course ID:
Course Title:	Credit Hours:

QU Course Information	
Term:	Course ID:
Course Title:	Credit Hours:

Equivalency Information	
Percentage (%)	-----%

Chair of Course Equivalency Committee (or any equivalent Committee at the College)	
Signature:	Date:
Associate Dean for Research & Graduate Studies (of the college that offers the equivalent course at QU)	
Signature:	Date:
Associate/ Assistant Dean of Graduate Studies for Student Affairs (of the college that offers the equivalent course at QU)	
Signature:	Date:

Student Records Section	
Records Specialist Name:	
Implementation Date:	

Notes:

1. Please provide your feedback and send the form back to Student records Section within 2 business days.
2. Please note that the equivalency percentage should be 90% and above for courses to be considered equivalent.