



Transfer Course Evaluation

Travel Industry Management Classes

Student: Please fill out sections I and II and email to timinfo@hawaii.edu.

I. Name: _____
Last First

Student I.D.: _____ Class Standing: _____ Today's Date: _____

Telephone No.: _____ Email: _____

II. STATEMENT OF REQUEST: If you are petitioning for course equivalency, please include a course syllabus that includes a detailed course description, the textbook(s) used, and the chapters covered to support your request.

Course No.: _____ Course Title: _____

Institution (Please spell out): _____

AACSB Accredited Institution Yes No

Semester/Quarter Taken: SPRING SUMMER FALL Year: _____

Petitioning for:

Course Equivalency to: _____

Concurrent Enrollment with: _____

OFFICE USE ONLY.

III. Referred to: _____ Faculty Instructor Lecturer

I recommend: Approved Disapproved for the following reasons:

Date: ___/___/___ Signature: _____

IV. Department Chair has Approved Disapproved for the following reasons:

Date: ___/___/___ Signature: _____