Request for Course Equivalency Review

Name:____________________________________ Student ID #______________________
Street:_____________________________ Telephone #:_____________________________
City & ZIP:_________________________ Major Department:________________________

Title and Number of Course previously taken:_____________________________________
Institution where completed:________________________ Department:_________________
Semester Completed:________________________ Grade Received:____________

NOTE: Ordinarily, courses taken more than 6 years ago are not certified for equivalency although other factors, such as relevant work experience, may be taken. If this applies to you, please supply relevant supplementary information for consideration.

Materials submitted for review:

(  ) Transcript showing course completed (photocopy is OK)
(  ) Course syllabus showing reading, problem assignments & computer applications
(  ) Title of textbook including publisher and year published
(  ) Other:__________________________

Name and number of course for which equivalency is requested:_______________________

Recommendation

(  ) The materials submitted indicate that the course is comparable in content.
(  ) The materials submitted are deemed to indicate that the course is not equivalent as follows:
    (  ) Pertinent subject matter is not covered.
    (  ) Other:___________________________________________________________

Comments:

______________________________________________   _____________________
Signature & Title of Reviewer              Date Reviewed

Completed copies to:  Student
                      Student’s Major Department
                      Student’s College