

**Department of Measurement, Statistics & Evaluation
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