

MATHEMATICS DEPARTMENT REQUEST FOR EQUIVALENCY

Name (Last, First & Middle Initial):

SFSU Student ID#:

Email:

Phone Number:

Name of University where course was taken (or will be taken):

Name of course taken (or will be taken) and term/year:

Articulation is being sought for which SFSU course?

What is your MAJOR and MINOR (if applicable):

Name of your advisor:

In order for this request to be considered, you must provide the following required documentation:

- Proof of ELM [Entry Level Math] Exam Score(s) (if applicable)
- Detailed syllabus of the non-SFSU courses taken (or will be taken)
- Textbook Title and Author

Please explain why you are seeking equivalency:

Action by Department Chair:

Approve Deny

Remarks:

Signature _____ Date _____