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NAME: Last Name First Name Middle Initial

SFSU Student ID #

Email: _____ Phone Number: _____

MATHEMATICS DEPARTMENT REQUEST FOR EQUIVALENCY

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:

- Unofficial Transcript (current)
- 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

In this box, please explain why you are seeking an equivalency.

Action by Department Chair: Approve Deny

Remarks:

Signature _____ **Date** _____