<table>
<thead>
<tr>
<th>NAME: Last Name</th>
<th>First Name</th>
<th>Middle Initial</th>
<th>SFSU Student ID #</th>
</tr>
</thead>
</table>

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? __________________________________________

Name of the department needing this articulation: ___________________________________________

Name of the advisor to whom this form should be sent: ___________________________________

**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 ___________________________**