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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? \_\_\_\_\_

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 \_\_\_\_\_