

Evaluation of Course Equivalency

The student should fill out the upper portion of this form and submit it to the appropriate Department Head.

It is the student's responsibility to obtain any documentation (e.g. course description) required for this evaluation. Allow three weeks after submission of documentation for final action.

Student's Name _____
Last First Middle

Student's Address _____
Street and No. City State Zip

Student's ID Number _____

Name of Advisor or Counselor _____

Course to be evaluated:

College _____

Department and Number _____

Semester and Year Taken _____

Unit Value (indicate SEM or QTR) _____

Equivalent to City College of San Francisco Course:

Department Prefix and Number _____

Credit allowed in SEM units _____

Department Head:

Equivalency Approved _____

Equivalency Not Approved _____

Date _____ Signature _____

The Department Head should route this form as shown below:

Copies to: Admissions and Records — White
Advisor/Counselor — Canary
Department Head — Pink
Student — Goldenrod