

# 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 \_\_\_\_\_

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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