ASU Physics Course Equivalency Request

PLEASE ALLOW 1-2 WEEKS FOR PROCESSING

Processing may take longer during holiday breaks and summer sessions

IMPORTANT INFORMATION:

- ONE COURSE PER REQUEST FORM
- DO NOT CUT AND PASTE INFORMATION (PHOTO COPIES OF MATERIALS ARE ACCEPTABLE)
- FAX, EMAIL, MAIL, OR HAND DELIVER ALL REQUIRED DOCUMENTS TO:

ASU Physics Main Office:

Physical Sciences Bldg, F-wing (PSF 470) PO BOX 871504 Tempe, AZ 85287-1504 Fax: 480.965.7954

Email: physics.info@asu.edu

(ALL of the following information is required)	Today's Date:	
Student's Name:		
ASU Affiliate ID Number:		
Email:	Phone Number:	
ASU Academic Advisor (if applicable):	Major:	

ALL of the following must be submitted for course evaluation:

- Catalog description of the course to be evaluated (taken from the Course Catalog)
- Syllabus for the course
- Copy of the table of contents from the textbook used for the course: include title, author, edition, and indicate sections/topics covered in the course
- If there is a separate lab component attached to this course, please include the above information for the lab as well (syllabus, schedule of labs, etc.)
- Catalog description of any prerequisite course(s) for the course in question may also be asked for

* Incomplete files cannot be evaluated and will only be h	eld for one semester	·_*
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If the equivalency is **APPROVED**, we will issue a written confirmation, which you can pick up in the Department of Physics front office. **Phone opinions are NOT binding.**

If the equivalency is **NOT APPROVED**, we will contact you by email.

REQUIRED TRANSFER COURSE INFORMATION Course prefix & number: Course name: Grade obtained in course: Credit hours (semester or quarter), please specify: When did you/will you take this course: Name of Institution: Location (City/State or Country): **REQUESTING EQUIVALENCE FOR ASU COURSE:** Course prefix & number: Course Name: *Check the current ASU Catalog course description to see if this transfer equivalency makes sense, especially in terms of prerequisites (indicates level of instruction), credit hours, and labs. If you would like the transfer course to serve as a prerequisite to an ASU physics course, please state the physics course you wish to register for at ASU and the semester you wish to take the course. *You must have completed the transfer course with a passing grade prior to receiving an override. Course prefix & number: Course name: Semester (Fall, Spring or Summer) and Year: FOR DEPARTMENT USE ONLY: Approved Not Approved Evaluator _____ Date____ Comments: __ Approved ___ Not Approved Evaluator _____ Date ____

Comments: