SAN JOSE STATE UNIVERSITY DEPARTMENT OF BIOLOGICAL SCIENCE Course Equivalency Form for Biology Majors

	Date:									
			SJSU ID:							
Name:										
(1	(last)		rst)							
Address:										
(number)	(street)	(city)	(state)	(zip)						
Email:										
Date continuous enrollment be	gan at SJSU (Term ar	nd Year):								
Date continuous enrollment began in Biological Sciences if different from above:										
Name of Other Institutions Atte	ended:									
А.		D.								
В.		Е.								
С.		F.								

INSTRUCTIONS:

The information on this form is to be filled out by the student. An adviser should check all course work that is entered below and the work **MUST BE substaniated by a copy of your transcript and syllabii from that institution.** Also, for each course, please provide either a link to a web site or a photocopy of a catalog page that gives the catalog description of the course, if the institution you attended is NOT a California Community College. A copy of this evaluation must be completed and filed with your Major form in the Biological Sciences Department Office.

ADIVSERS CHECK AND APPROVE ALL INFORMATION BELOW

Course at SJSU	Institution letter	Dept & course no.	Term taken	No. of units	Lower(L) or Upper (U) Division	Grade earned	Adviser initials	Waiver(W) Substituion (S)
BIOL								
BIOL								
BIOL								
BIOL								
BIOL								
BIOL								
CHEM								
CHEM								
PHYS								
PHYS								
MATH								
MATH								

Adviser signature: _____

Date:_____

Department Approval: _____

Date:_____