PSU Department of Mathematics

COURSE REVIEW FORM

To Have A Course Taken At Another Institution Evaluated To See If It Is Equivalent To A Course At PSU

Date: ___________________________  Student Number ___________________________

Student Name: _______________________________________________________________

LOCAL Address: ______________________________________________________________

street

city

zip

Major: ___________________  Dept: ___________________________  College: ___________________________

Phone #: ___________________________  e-mail: ___________________________

Other Institution’s Name: ____________________________________________________  State: ______

I request a review of ___________________________ to determine if it is comparable to ___________________________.

Have you completed the course at this time?  YES: ______  NO: ______

Additional Comments:

__________________________________________________________________________

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DO NOT WRITE BELOW LINE FOR MATH DEPARTMENT USE ONLY

☐ This course is equivalent to the above Penn State course(s).

☐ This course is not equivalent to the above Penn State course.