

DATE: ____/____/____

TO: CHAIRMAN OR APPROPRIATE COURSE COORDINATOR, _____ DEPARTMENT

FROM: TRANSFER ADVISOR, COMPUTER ENGINEERING DEPARTMENT

RE: TRANSFER COURSE EQUIVALENCY EVALUATION FOR:

STUDENT'S NAME _____

Student I.D. Number _____

The above named student had requested that the transfer course(s) listed below be substituted for the indicated SJSU course(s) in his/her program. Please review catalog description and/or evidence of the student's work and certify: **1. Substantial Equivalency** (or not) and **2. Approximate Unit Equivalency** by initialing the appropriate column. The completed form should be returned via inter-office mail to the **COMPUTER ENGINEERING DEPARTMENT**. (Please be advised that this form is to be used for **U.S. colleges only**. For foreign colleges, please fill out the appropriate form that is available from Admissions and Records.)

SJSU COURSE	TRANSFER COURSE (To be filled out by student)					TO BE FILLED BY EVALUATOR			
	Course Name/Numb	Institution	Course Number	Course Title	Sem/ Qtr. Units	Year Taken	Equiv/ Not Equiv	Sem Unit Credit	Initial/ Date

PLEASE RETURN THIS FORM VIA INTER-OFFICE MAIL TO: COMPUTER ENGINEERING DEPARTMENT (0180)