

DATE: ____ / ____ / ____

TO: CHAIRMAN, _____ DEPARTMENT

FROM: TRANSFER ADVISOR, *MECHANICAL & AEROSPACE ENGINEERING DEPARTMENT*

RE: TRANSFER COURSE EQUIVALENCY EVALUATION FOR:

Student's Name (Last, First)

Student ID #

Major

Telephone Number

Email Address

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 the attached catalog description and/or evidence of the student's work, transcripts 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 *Mechanical & Aerospace Engineering Department (0087)*. (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 <i>(To be completed by student)</i>					TO BE COMPLETED BY COURSE EVALUATOR			
	Course Name/Number	Institution	Course Number	Course Title	Sem/Qtr. Units	Year Taken	Equiv. / Not Equiv.	Sem.Unit Credit	Initials/ Date

Signature

MAE Department Chair

Date

Please submit this form via inter-office mail to: MECHANICAL & AEROSPACE ENGINEERING DEPT. (0087)