

# APPLICATION FOR REVIEW OF COURSEWORK FROM OTHER INSTITUTIONS

Department Of Kinesiology

## Student Information

\_\_\_\_\_  
Name

\_\_\_\_\_  
Student ID

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Work Phone

## Course Information

1. \_\_\_\_\_  
Institution Name and Course number from other institution

\_\_\_\_\_  
Course name from other institution

2. \_\_\_\_\_  
Course number from SJSU

\_\_\_\_\_  
Course name from SJSU

3. A course outline from the other institution must be attached to the application. Is the course outline from proposed course attached?

YES            NO            Please Circle One

4. A transcript indicating assigned course grade must be attached to the application. Is a copy of the transcript with your course information attached?

YES            NO            Please Circle One

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

## Recommendation

I recommend / do not recommend a waiver for the equivalent course at SJSU for the student and course listed above. Please provide brief and specific comments.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

1. \_\_\_\_\_  
Signature of Course Instructor at SJSU

Waiver Accepted \_\_\_\_\_

2. \_\_\_\_\_  
Signature of Student's SJSU Advisor

Waiver Rejected \_\_\_\_\_

3. \_\_\_\_\_  
Signature of Undergraduate Coordinator in KIN