MATHEMATICS
SAN JOSE STATE UNIVERSITY

Course Equivalency Form

for Baccalaureate Majors

DATE _____

Last Name_____ **Student Id Number** _____

First Name _____ **Date continuous enrollment began at SJSU** _____

Degree Objective:
___B.A. Mathematics
___B.A. Mathematics-Preparation for Teaching
___B.S. ACM, Applied Mathematics
___B.S. ACM, Economics, Finance and Actuarial Science
___B.S. ACM, Statistics

Telephone Number (____) _____ - _____ **Email** : _____

Local Address:
_____
_____

Permanent Address (if different from local address):
_____
_____

Other institutions attended	Dates of attendance
A.	A.
B.	B.
C.	C.

The above information is to be filled out by the student. The advisor (chosen from within your degree objective) should fill out the rest of this form. Any course work entered on this form MUST BE substantiated by a copy of your transcript from that institution. You are also strongly advised to attach a catalog description of the course(s). A copy of this evaluation should be completed and filed in the Math Department Office soon after declaring as one of our majors.

Do Not Write Below Line. Advisor's Use Only

Course at SJSU	Letter of Institution	Department & Course Number	Term Taken	Number of units	Lower (L) or Upper (U) division	Grade Earned	Waiver(w)* or Substitute(s)
Math _____							
Math _____							
Math _____							
Math _____							
Math _____							
Math _____							
Math _____							
Math _____							
Math _____							
Math _____							
Math _____							
Math _____							
Math _____							
Other Science and support courses like Physics, Computer Science, …							

Signature of Major Advisor _____ Date _____
Department Approval_____ Date _____

*** If an upper division course at SJSU is waived by a lower division course from another institution, then the student will need to take an additional upper division course to obtain the required number of upper division units for the major.**