



COURSE EQUIVALENCY FORM FOR VISITING STUDENTS

<i>Student Information</i>	
Name: _____	Date of request: _____
University ID: _____	Semester/Year to take class: _____
Email: _____	Phone Number: _____
Major: _____	Transfer Institution: _____

COURSE(S) TO REGISTER FOR Course Number and Title	EQUIVALENT FCIS COURSE determined by corresponding academic department STUDENTS DO NOT WRITE IN THIS COLUMN

Approvals: Attach the course description and/or syllabi to this form in order to obtain required signatures.

- Student signature indicates student is aware of the FCIS policy and the equivalent course
- Course equivalency determined by corresponding academic department
- Advisor awareness recommended

1. Student Signature _____
2. Academic Advisor _____
3. Corresponding Academic Department _____