

Department of Biological Science

Charles E. Schmidt College of Science

Boca Raton Campus, SC 136

Tel. 561-297-3320, FAX 561-297-2749

**Undergraduate Course
Equivalent/Substitution
Petition**



Instructions:

- **Use for course equivalent and/or substitution of a course from another institution.** (Courses over 10yrs will not be considered)
 - All Petitions must be submitted at least one month prior to term in which you plan to graduate.
 - You must attach a syllabus for each course to be reviewed. Most US college catalogs are available on-line at www.Collegesource.org. If a course description is not in English, submit a copy in the original language and your English translation.
 - **Completed form must be brought to Biological Science Department SC 136.**
 - All documentation becomes property of the department and will not be returned or saved. The student should keep originals of important documents and submit only copies to the department. Only one (1) proposed FAU course per petition.
 - Notification of the decision is by email. If you do not provide an email address or if the address cannot be read, you will NOT be notified. **All Decisions are Final**
- *Meet with an Academic Advisor once you have received the decision regarding your Undergraduate Course Equivalent/Substitution Petition

Please Print Clearly:

Date: _____

Last Name: _____ First Name: _____ Z#: _____

Daytime phone #: _____ FAU E-mail required): _____ @fau.edu

Major(s): _____ Biology Primary Campus (indicate one): Boca Davie Jupiter PSL

I hereby petition the Department of Biological Sciences to accept the following course as an equivalent/substitute (former institution):

Course Title: _____

Prefix and Number: _____ Credits _____

Grade _____ Semester course taken _____

College/University _____

State, Country: _____

Proposed FAU Department of Biological Sciences Equivalent/Substitute (specific course):

Course Title: _____ Prefix and Number: _____

Department use Only

Name of evaluator _____ Date: _____

Approved _____ Disapproved _____

Department _____ Phone Number _____

Reason(s) _____

Signature _____