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_________________________________________________________________