Instructions:
• Use for course equivalent and/or substitution of a course from another institution. (Courses over 10 yrs will not be considered)
• Cannot be used to count toward special topics courses. (BSC 4930)
• 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________________________________________________________

Student Notified on: _____/____/____ by: _____________________ Notification by: E-mail Phone In-Person.