|  |  |  |
| --- | --- | --- |
| **Biological Science***Charles E. Schmidt College of Science Boca Raton Campus, SC 136**Tel. 561-297-3320**Email: Biology@fau.edu* | Undergraduate Course Equivalent/Substitution Petition | Florida Atlantic University word mark and logo |

|  |
| --- |
| Instructions:* Use for course equivalent and/or substitution of a course from another institution.

(Courses over 10yrs 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.](http://www.collegesource.org/) If a course description is not in English, submit a copy in the original language and your English translation.
* Completed form can be brought to Biological Science Department SC 136 or emailed to biology@fau.edu
* 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