ASU Physics Course Equivalency Request

*PLEASE ALLOW 2 WEEKS FOR PROCESSING*
Processing may take longer during holiday breaks and summer sessions or for international courses

IMPORTANT INFORMATION:

- ONE COURSE PER REQUEST FORM
- DO NOT CUT AND PASTE INFORMATION (PHOTO COPIES OF MATERIALS ARE ACCEPTABLE)
- In ONE submission, FAX, EMAIL, MAIL, OR HAND DELIVER ALL REQUIRED DOCUMENTS TO:

ASU Physics Main Office:
Fax: 480.965.7954
Physical Sciences Bldg, F-wing (PSF 470)
Email: physics.info@asu.edu
PO BOX 871504  Tempe, AZ 85287-1504

(ALL of the following information is required)  

Today’s Date:_____________________

Student’s Name:______________________________

ASU Affiliate ID Number:_______________________

Email:______________________________________  Phone Number:_______________________

ASU Academic Advisor (if applicable):____________ Major:__________________________

ALL of the following must be submitted for course evaluation:

- Catalog description of the course to be evaluated (taken from the Course Catalog)
- Syllabus for the course
- Copy of the table of contents from the textbook used for the course: include title, author, edition, and indicate sections/topics covered in the course
- If there is a separate lab component attached to this course, please include the above information for the lab as well (syllabus, schedule of labs, lab reports etc.)
- Catalog description of any prerequisite course(s) for the course in question may also be asked for

* Incomplete files cannot be evaluated and will only be held for one semester.*

If the equivalency is APPROVED, you will be issued a written verification letter. Phone opinions are NOT binding.

If the equivalency is NOT APPROVED, we will contact you by email.

March 2012
REQUIRED TRANSFER COURSE INFORMATION

Course prefix & number:
Course name:
Grade obtained in course:
Credit hours (semester or quarter), please specify:
When did you/will you take this course:
Name of Institution:
Location (City/State or Country):

REQUESTING EQUIVALENCE FOR ASU COURSE:

Course prefix & number:
Course name:

*Check the current ASU Catalog course description to see if this transfer equivalency makes sense, especially in terms of prerequisites (indicates level of instruction), credit hours, and labs. No assumptions will be made on which course you are seeking equivalency for.

If you would like the transfer course to serve as a prerequisite to an ASU physics course, please state the physics course you wish to register for at ASU and the semester you wish to take the course.

Course prefix & number:
Course name:
Semester (Fall, Spring or Summer) and Year:

FOR DEPARTMENT USE ONLY:

☐ Approved ☐ Not Approved
Evaluator ___________________________ Date ___________________________
Comments: __________________________________________________________
____________________________________________________________________

☐ Approved ☐ Not Approved
Evaluator ___________________________ Date ___________________________
Comments: __________________________________________________________
____________________________________________________________________