

Transfer Course Equivalency Form

					Date: SJSU ID:				
Name:									
		(last)			(first)				
Address:								_	
	(number)		(street)	(city)		(state)	(zip)	
Email:									
Date continu	ous enrollm	nent began at S	JSU (Term a	nd Year):					
Date continu	ous enrollm	nent began in M	lajor (if diff	erent from a	lbove):				
Name of Oth	er Institutio	ns Attended:							
A.					D.				
В.			-	E.					
C.				_	F.				
INSTRU(CTIONS:								
gives the cata	alog descrip opy of this ev nce Departn	otion of the couvaluation must	rse, if the in t be complet	stitution yo ed and filed	u attended is with your Ma	NOT a Cal ajor form i	ifornia Co n the Mete	-	
Course at SJSU	Institution letter	Dept & course no.	Term taken	No. of units	Lower(L) or Upper (U) Division	Grade earned	Adviser initials	Waiver(W) Substituion (S)	
Adviser signa	ature:					Date:			
Department	Approval: _					Date:			