PSU Department of Mathematics
COURSE REVIEW FORM

To Have a Course Taken at Another Institution Evaluated to see if it is Equivalent to a Course at PSU

Date:_____ Student Number: _____

Student Name: _____

LOCAL Address: _____
street city zip

Major:: _____ Dept:_____ College:_____

Phone #:_____ E-mail:_____

Other Institution's Name: _____ State: _____

I request a review of _____ to determine if it is comparable _____
course name & number taken at other institution PSU course name & number

Have you completed the course at this time? YES: _____ NO: _____

DO NOT WRITE BELOW LINE FOR MATH DEPARTMENT USE ONLY

_____This course is equivalent to the above Penn State course(s).

_____This course is not equivalent to the above Penn State course.

Additional Comments:

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