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 to _____
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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