COURSE EQUIVALENCY APPROVAL FORM

Requested by: _________________________________________ - Student Name __________________________ - Student ID Number

Date: _____________ Student email: _____________________________________

Approval Requested For: _________________________________________

UWM Course Title & Number

Desired Equivalency For: _________________________________________

UWM Course Title & Number

Semester and Year in which course was/will be completed: _____________________

☐ Reviewed by Faculty Advisor       Date: _________________

Name ___________________________ Signature ___________________________

Approved: ☐ Yes ☐ No

☐ Reviewed by SFS APCC Chair       Date: _________________

Name ___________________________ Signature ___________________________

Approved: ☐ Yes ☐ No

Student: Fill out upper portion; attach current course syllabus, a letter of request with an explanation of why this should be approved, and return to:

Mallory Kaul, School of Freshwater Sciences
600 E. Greenfield Ave, Room 1039
Email: malkaul@uwm.edu    Phone: (414)382-1778