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