

**COURSE EQUIVALENCY APPROVAL FORM**

Requested by: \_\_\_\_\_ Date: \_\_\_\_\_  
Student Name Student ID Number

Student e-mail: \_\_\_\_\_

Approval Requested for \_\_\_\_\_  
UWM Course Number & Title

Desired Equivalency for \_\_\_\_\_  
UWM Course Number & Title

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

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**Reviewed by Faculty Advisor**

Date: \_\_\_\_\_

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

Approved:  Yes  No

**Reviewed by SFS APCC Chair**

Date: \_\_\_\_\_

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

Approved:  Yes  No

*Students should submit with this form:*

- Current course syllabi for both courses
- Letter of request with an explanation of why this request should be approved

*Return form and documents to:*

Mallory Kaul  
Academic Affairs Manager  
Room 1039  
malkaul@uwm.edu