

Florida Gulf Coast University
EQUIVALENCY COURSE FORM

Date: _____ To: _____ From: _____

Student Name: _____ Student UIN: 814 Student Admit Term: _____

College: _____ Major: _____

The above student requests that the course listed below, taken/to be taken at _____ meets a specific course requirement. Attached is a catalog description of the course under consideration. Indicate your decision and sign below. Please return the completed form as soon as possible. Thank you.

Academic Advisor Signature _____

Requested FGCU Equivalency/Substitution (circle one)	# of Credit Hours	Course at Host School	# of Credit Hours	Grade	Term/Year Taken	Approved Y/N	Gordon Rule Y/N

- Course is equivalent to FGCU Course, and should be articulated for all students.
Advisor to send articulation updates to Articulation Officer.
- Course meets FGCU General Education subject area for:
(circle one) this student only / all students.
Advisor to send articulation updates to Articulation Officer.
- Course substitution applicable for: (circle one) this student only / all students.
Advisor to complete substitution for Degree Evaluation in Banner (SMASADJ) or contact CAPP Coordinator.

COMMENTS: _____

Faculty Signature: _____