

CALIFORNIA STATE UNIVERSITY, EAST BAY
COLLEGE OF BUSINESS AND ECONOMICS

Equivalency/Waiver or Acceptable Transfer Course

Student Name: _____ Date: _____
Address: _____ Net ID#: _____
_____ Zip: _____ Phone: _____
Major: _____ Option: _____ Signature _____

THE ABOVE NAMED STUDENT HAS COMPLETED THE REQUIREMENT FOR THE FOLLOWING COURSE:

Department	Course Number	Title	Units
Reason for Request: _____			

1. Equivalent Course

Department	Course No.	Title	Units	Grade	Where & When Taken

2. Substitution (Dean's signature required)

3. Other

Advisor/Instructor: _____ Date: _____
Department Chairman: _____ Date: _____
College Dean (For substitutions ONLY): _____ Date: _____
Evaluator: _____ Date: _____