



# EQUIVALENT ACADEMIC PREPARATION REQUEST FORM

Student's Name: \_\_\_\_\_

Net ID: \_\_\_\_\_ Degree Objective: \_\_\_\_\_

Undergraduate Degree: \_\_\_\_\_

University: \_\_\_\_\_ Country: \_\_\_\_\_

## NEED FOR REQUEST

University Accreditation:                      Yes                      No                      Length of Degree \_\_\_\_\_ Years

Professional Degree (e.g. Medicine):                      Yes                      No

## ACADEMIC ASSESSMENT

"Last 60 Semester Units GPA" or "Foreign GPA Equivalent" \_\_\_\_\_

Test Achievement:      GMAT \_\_\_\_\_      GRE \_\_\_\_\_

Post-Graduate Work (Prerequisites, Masters, etc.): \_\_\_\_\_

## RECOMMENDATION

Admit (Conditionally Classified) with no additional prerequisites.

Admit (Conditionally Classified) with additional prerequisites as listed: \_\_\_\_\_

Students who are admitted in Conditionally Classified status with additional prerequisites must complete these prerequisites, as verified by the department, before attempting graduate-level courses.

Graduate Coordinator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Department: \_\_\_\_\_

## ACTION

Approved      Denied.      Comments: \_\_\_\_\_

Director of Graduate Studies Signature: \_\_\_\_\_ Date: \_\_\_\_\_