

EQUIVALENT ACADEMIC PREPARATION REQUEST

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 besides the WST.

_____ 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.

Signed: _____ Date: _____

Graduate Coordinator

Department: _____

ACTION

Signed: _____ Date: _____

Office of Graduate Studies

_____ Approved _____ Denied

Comments: _____