

Students must get verification from the Transfer Credit Evaluation area of the Office of the Registrar (Registration Center) **before** having the form signed and returned to the registrar's office. If the student presents substantiating evidence he/she may petition the appropriate academic unit head for permission to take an equivalency examination to obtain credit for a course. Equivalency examinations may not be taken for any course for which a prior placement or equivalency examination was evaluated; is a prerequisite or deficiency for a course for which student has received credit; is a prerequisite for a course in which student is enrolled after the first week of classes; in which student received a grade, including a W or AU (audit); or a course in which student is enrolled beyond the first week of classes. **Students may not take an equivalency examination during the semester in which they have petitioned to graduate.** Equivalency examinations are not available for graduate-level courses. An exception will be made for a transfer student during the first semester at Florida Tech following the semester in which the student has been officially notified of transfer credit evaluation. **No request for equivalency examination will be given until the appropriate fees are paid.**

NAME _____ DATE _____

STUDENT ID NO. _____ MAJOR _____ LOCAL PHONE NO. _____

MAILING ADDRESS _____
 _____ Street/Apt. No _____ City _____ State _____ ZIP _____

_____ Prefix _____ Course No. _____ Course Title _____

EQUIVALENCY KNOWLEDGE OBTAINED OVER A PERIOD FROM _____ TO _____

Explain in detail how this knowledge was obtained (attach additional pages). Request will not be considered unless a comprehensive explanation is provided.

Student Signature _____ Date _____

1. TRANSFER CREDIT EVALUATOR (Must verify all university policies are appropriately met.)

Eligible for examination Not eligible for examination Printed Name _____

Transfer Credit Evaluator Signature _____ Date _____

2. ACADEMIC ADVISOR (Must clear with examining department before approval.)

Recommended for examination Not recommended for examination Printed Name _____

Academic Advisor Signature _____ Date _____

3. EXAMINING ACADEMIC UNIT

Approved Printed Name _____

Department Head Signature _____ Date _____

Approved Printed Name _____

Dean/Associate Dean Signature _____ Date _____

4. UNIVERSITY CASHIER (Equivalency Examination Fee)

PAID: Date _____ Amount _____ Receipt No. _____

5. EXAMINING ACADEMIC UNIT

Examination Date _____ Examination Grade _____

Examiner Signature _____ Date _____

Printed Name _____

6. ACADEMIC UNIT HEAD OF EXAMINING ACADEMIC UNIT

The student Passed Failed an equivalency exam for the course listed and should should not be given _____ semester credits by examination.

Academic Unit Head Signature _____ Date _____

Printed Name _____

DISTRIBUTION: Original – Registrar; Copy – Student's Academic Unit; Copy – Student **REGISTRAR USE ONLY:** Operator's Initials _____ Date _____