



Departmental Request for Course Equivalency

Mustang ID: _____ Expected Licensure Completion Term: _____

Last Name: _____ First Name: _____

E-Mail: _____

SMSU PROGRAM REQUIREMENTS: Dept. & Course # Title: Credits	COURSE EQUIVALENCY: Dept. & Course # Title: Credits

APPROVED BY:

ADVISOR: _____ DATE: _____

SMSU CERTIFICATION OFFICER: _____ DATE: _____