**Request for Approval to Take a Course at Another School**

*Please fill in the requested information below. Please allow 2 weeks for processing.*

|  |  |
| --- | --- |
| Name:  | UID:  |
| Embassy Advisor’s Name:  |
| Embassy Advisor’s Email:  |
| Other School:  | Course #:  |
| Course Name:  |
| Term:  | Date Term Begins:  |
| Reason for request to take course elsewhere:  |
| The WSU course for which I would like this course to be evaluated for equivalency is: |
| WSU Course #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | WSU Course Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**FOR MME OFFICE USE:**

 Requested course (is/is not) equivalent to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Evaluated by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Reason for not taking at WSU (is/is not) acceptable

 Student (has/has not) met the pre-requisite requirements for WSU equivalent