**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