

Students must get verification from the Transfer Credit Evaluation area of the Office of the Registrar **before** having the form signed and returned to the Registrar's Office. If the student presents substantiating evidence, they 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; 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. **No request for equivalency examination will be given until the appropriate fees are paid.**

Name \_\_\_\_\_ Date \_\_\_\_\_  
Last First Middle

Student ID # \_\_\_\_\_ Major \_\_\_\_\_ Local phone # \_\_\_\_\_

Florida Tech email \_\_\_\_\_

\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_  
Prefix Course #ww 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

Transfer credit evaluator signature \_\_\_\_\_ Date \_\_\_\_\_

**2. Academic advisor (must clear with examining department before approval)**

Recommended for examination  Not recommended for examination

Academic advisor signature \_\_\_\_\_ Date \_\_\_\_\_

**3. Examining academic unit**

Approved Department head signature \_\_\_\_\_ Date \_\_\_\_\_

Approved Dean/associate dean signature \_\_\_\_\_ Date \_\_\_\_\_

**4. University cashier (equivalency examination fee)**

PAID: Date \_\_\_\_\_ Amount \_\_\_\_\_ Receipt # \_\_\_\_\_

**5. Examining academic unit**

Examination date \_\_\_\_\_ Examination grade \_\_\_\_\_

Examiner signature \_\_\_\_\_ Date \_\_\_\_\_

**6. Academic unit head of examining academic unit (must forward to Transfer Credit Office on completion of form)**

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 \_\_\_\_\_

**REGISTRAR USE ONLY:** Operator's initials \_\_\_\_\_ Date \_\_\_\_\_