



PETITION FOR EQUIVALENCY EXAMINATION

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 Last First Middle 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.

Empty box for explanation of knowledge obtained.

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