

**Instructions:**

- Use for course equivalent and/or substitution of a course from another institution. If the course is taught at FAU then use the "Undergraduate Student Petition" form.
- You must attach a separate description for each course to be reviewed. Most US college catalogs are available on-line at [www.Colleesource.org](http://www.Colleesource.org). If a course description is not in English, submit a copy in the original language and your English translation.
- If you handwrite your responses on this form, you must print using block letters. Further, please include only one (1) proposed FAU course per petition.
- Submit completed petition (including attachments) to Dr. Krystal D. Mize, Behavioral Sciences (BS) 101C or fax to 561.297.2160.
- All documentation becomes property of the Department and will not be returned or saved. The student should keep originals of important documents and submit only copies to the Department.
- A usual time frame is 2 weeks after submission for notification of decision; notification is by e-mail. If you do not provide an e-mail address or if the address cannot be read, you will not be notified.
- Student are required to earn at least the last 30 upper-division credit hours toward the baccalaureate degree in residence at FAU and at least 75% of all upper-division courses in the major department from FAU. Approved petitions never override the University's requirement.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Z#: \_\_\_\_\_

Daytime Phone #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ FAU E-mail (required): \_\_\_\_\_ @ fau.edu

Major(s): \_\_\_\_\_ Primary Campus (indicate one): Boca Davie Jupiter PSL

Minor(s): \_\_\_\_\_

I hereby petition the Department of Psychology to accept the following course as an equivalent/substitute (former institution):

Course Title: \_\_\_\_\_

Prefix and Number: \_\_\_\_\_

College where taken & year: \_\_\_\_\_

City, Country: \_\_\_\_\_

Proposed FAU Department of Psychology Equivalent/Substitute (specific course):

(Check here if this is for a course to be taken at another college in the future)

**Departmental Use:**

Course Equivalent (for future cases)		Course Substitute (this case only)	
YES	NO	YES	NO
_____	_____	_____	_____

Signature of Dept. Coordinator or Representative

Date: \_\_\_\_\_

**Comment to Student:** \_\_\_\_\_

**Internal Comments:** \_\_\_\_\_