

**APPLICATION FOR  
DEPARTMENT COURSE EQUIVALENCY  
EXAMINATION**

**OFFICE OF ENROLLMENT SERVICES  
UNIVERSITY OF MASSACHUSETTS LOWELL  
LOWELL, MASSACHUSETTS 01854**

---

---

Last Name	First Name	Initial	Student ID
-----------	------------	---------	------------

---

Course for Which Department Course Equivalency Examination is Requested:

Course Number \_\_\_\_\_ Number of Credits \_\_\_\_\_

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

Examination Authorization:

Faculty Advisor \_\_\_\_\_ Date \_\_\_\_\_

Chairperson of Department Administering Examination \_\_\_\_\_

Dean of College \_\_\_\_\_

**EXAMINATION REPORT**

The above named student has satisfactorily completed the authorized equivalency examination and should be awarded credit for the designated course:

Faculty Member Administering Examination \_\_\_\_\_

Date of Completion of Examination \_\_\_\_\_ Grade \_\_\_\_\_

**Note to Student:** Consult University regulations concerning Course Equivalency Procedures for compliance deadlines and for examination restrictions. This application expires automatically on the last day for filing grades during the semester in which application is initiated.

---