

**APPLICATION FOR
DEPARTMENT COURSE EQUIVALENCY
EXAMINATION**

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

Last Name	First Name	Initial	Student ID
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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 _____

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.
