



APPLICATION FOR DEPARTMENT COURSE EQUIVALENCY EXAMINATION
OFFICE OF THE REGISTRAR
220 PAWTUCKET STREET, UNIVERSITY CROSSING, SUITE M10
LOWELL, MA 01854

phone: 978-934-2550
fax: 978-934-4076
email: registrar@uml.edu

Last Name First Name MI SiS ID#

Course for which Department Course Equivalency Examination is requested:

Course Number (ex. ENGL.1010):

Subject/Catalog Number	Title	Credits
<input type="text"/>	<input type="text"/>	<input type="text"/>

Examination Authorization

Faculty Advisor Date

Signature

Chair of Department Administering Examination Date

Signature

Dean of College Date

Signature

Examination Report

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

Date of Completion of Examination Grade

Faculty Member Administering Examination

Signature

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.

For Office Use Only:

Doc Type: Course Equivalency Exam LSR

Processor Name Imager Name Effective Term

Date Date Verifier 1 Name

Verifier 2 Name