



EQUEVELANCE

FORM

Course Name (1): _____ College: _____ Department: _____ Course Number: _____ Number of credits: _____ Course prerequisites: _____ Course description: _____ _____ _____ _____ Signature of the concerning body: _____
Course Name (2): _____ College: _____ Department: _____ Course Number: _____ Number of credits: _____ Course prerequisites: _____ Course description: _____ _____ _____ _____ Signature of the concerning body: _____
Reasons of equivalence: _____ _____ _____ _____ _____ Results of equivalence: _____

College Signature (course 1):_____

College Signature (course 2):_____

Deanship of Admission and Registration Signature:_____