Florida Gulf Coast University
EQUIVALENCY COURSE FORM

Date: ________________  To: ____________________________________________  From: _______________________________________

Student Name: _____________________  Student UIN: 814  Student Admit Term: _______________________

College: ________________  Major: ________________

The above student requests that the course listed below, taken/to be taken at ____________________________ meets a specific course requirement. Attached is a catalog description of the course under consideration. Indicate your decision and sign below. Please return the completed form as soon as possible. Thank you.

Academic Advisor Signature________________________

<table>
<thead>
<tr>
<th>Requested FGCU Equivalency/Substitution (circle one)</th>
<th># of Credit Hours</th>
<th>Course at Host School</th>
<th># of Credit Hours</th>
<th>Grade</th>
<th>Term/Year Taken</th>
<th>Approved Y/N</th>
<th>Gordon Rule Y/N</th>
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☐ Course is equivalent to FGCU Course, and should be articulated for all students. 
*Advisor to send articulation updates to Articulation Officer.*

☐ Course meets FGCU General Education subject area for: (circle one) this student only / all students. 
*Advisor to send articulation updates to Articulation Officer.*

☐ Course substitution applicable for: (circle one) this student only / all students. 
*Advisor to complete substitution for Degree Evaluation in Banner (SMASADJ) or contact CAPP Coordinator.*

COMMENTS: __________________________________________________________

Faculty Signature: _________________________________________________

Revised 9/12/2008