

Date: \_\_\_\_\_

1. Where are you planning to be a guest student?

\_\_\_\_\_

2. Which course(s) are you interested in taking, and what is its SVSU equivalent?

Guest course \_\_\_\_\_

SVSU equivalent \_\_\_\_\_

Guest course \_\_\_\_\_

SVSU equivalent \_\_\_\_\_

3. Why are you taking this course as a guest student? \_\_\_\_\_

4. How many SVSU credits are you taking this semester? \_\_\_\_\_

Student ID: \_\_\_\_\_ Student Name \_\_\_\_\_

Student Signature: \_\_\_\_\_

Dean’s Office Signature: \_\_\_\_\_

EQUIVALENCY APPROVED

EQUIVALENCY DENIED

**For accurate transfer equivalency, the Dean’s Office must sign off on request**