



School of Business Administration
Office of Graduate Business Programs
416 Varner Hall
Rochester, Michigan 48309-4493

COURSE EQUIVALENCY EVALUATION REQUEST

Part 1. Complete form and return to the Office of Graduate Business Programs. Decisions are usually made within 10 days.

Name _____

Address _____
Street City State Zip

Day Phone _____ Evening Phone _____

Course to be reviewed _____ Taken at (school) _____

Type of Course: ☐ Standard Semester taken _____ Grade received _____
☐ Video Course (Distance Learning)
☐ Short Course (less than 7 weeks)

Reason for requesting evaluation:

Supplemental documentation attached: ☐ Course description from catalog (required – photocopy or catalog)
☐ Course syllabus
☐ Letter from Instructor, Chair or Dean

OU course believed to be the equivalent _____

Signature _____ Date _____

Part 2. To be completed by department chair or representative.

The above course is: ☐ approved
☐ denied
as a course equivalent to the graduate business course _____.

Signature _____ Date _____

Part 3. To be processed by the Office of Graduate Business Programs.

☐ Plan of Work revised _____.
☐ Plan of Work unchanged.
☐ Transfer Credit Form sent to student on _____.
☐ Other: _____

Graduate Business Programs Staff Approval _____ Date _____