

APPLICATION FOR REVIEW OF COURSEWORK FROM OTHER INSTITUTIONS

Department Of Kinesiology

Student Information

Name

Student ID

Address

City, State, Zip Code

Home Phone

Work Phone

Course Information

1. _____
Institution Name and Course number from other institution

Course name from other institution

2. _____
Course number from SJSU

Course name from SJSU

3. A course outline from the other institution must be attached to the application. Is the course outline from proposed course attached?

YES NO Please Circle One

4. A transcript indicating assigned course grade must be attached to the application. Is a copy of the transcript with your course information attached?

YES NO Please Circle One

Student Signature

Date

Recommendation

I recommend / do not recommend a waiver for the equivalent course at SJSU for the student and course listed above. Please provide brief and specific comments.

1. _____
Signature of Course Instructor at SJSU

Waiver Accepted _____

2. _____
Signature of Student's SJSU Advisor

Waiver Rejected _____

3. _____
Signature of Undergraduate Coordinator in KIN