



## Course Equivalency Form Instructions

International student affairs will complete the completion of the Course Equivalency Form in conjunction with the appropriate faculty member or advisor from the SDU department that best matches the course(s) taken abroad. Some colleges or departments have a designated faculty member or advisor that will work with international student affairs.

### The faculty member or advisor should review this point :

1. Cumulative GPA: If the GPA is below 2.5 at the time of application, the student must first submit The international student affairs GPA Requirement Waiver for approval. If the GPA is below 2.0 the student is not eligible to participate in international student affairs program.
2. SDU Course Equivalent if (equivalent credit is possible):
  - equates to a maximum of 66 course hours for new students.
3. Students can take up to 3 credit hours for undergraduate and 6 credit hours for postgraduate.
4. SDU Faculty/Advisor Name and Signature:  
Note to advisors or faculty members: If you are unsure or you are not authorized to sign this form on behalf of your department, please contact your department head or academic lead.

*After the deans approves, the registration office will inform the student of the final result take the form to that college's Dean's office for review.*



**Course Equivalency Form**

**STUDENT INFORMATION**

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

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

SDU College: \_\_\_\_\_

Major: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**DEPARTMENT/COLLEGE USE ONLY**

Cumulative GPA: \_\_\_\_\_ Verified By: \_\_\_\_\_ Date: \_\_\_\_\_

University Abroad: \_\_\_\_\_ Provider: \_\_\_\_\_ Country: \_\_\_\_\_

Semester:  Spring  Summer  Fall Year: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

No.	COURSES ABROAD				SDU COURSE EQUIVALENT				Cumulative GPA
	COURSE #	COURSE TITLE	CREDIT HRS.	Grade	COURSE #	COURSE TITLE	CREDIT HRS.	Grade	
1.									
2.									
3.									
4.									
5.									
6.									
7.									
DEPARTMENT/COLLEGE COMMENTS:		TOTAL			TOTAL				


SDU Faculty/Advisor Name and Signature

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


Dean Name and Signature

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



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19.									
20.									
21.									
22.									
	<b>DEPARTMENT/COLLEGE COMMENTS:</b>	<b>TOTAL</b>					<b>TOTAL</b>		


SDU Faculty/Advisor Name and Signature

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


Dean Name and Signature

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