

Last Name (Family name): _____ First Name: _____

ISU NetID: _____@iastate.edu Local phone number: _____

Major at ISU: _____

Please fill out a separate form for each course equivalency that you would like to have evaluated.

For what ISU chemistry class are you wishing to receive transfer credit? ISU CHEM _____

We need as much specific and detailed information in order to correctly assess course equivalencies. Failure to have sufficient documentation detailing previous course work will prevent transfer credit from transferring. Fill out this form completely.

Name of University chemistry class was taken: _____

Location (city, state, country) of University where class was taken: _____

Full name of course: _____

What was the text used in the class (Title, author, publisher, etc.)? _____

How many hours per week did the class meet? _____ For how many weeks did the class meet? _____

Was there a lab with the class? _____ How often (times per week) did the lab meet? _____

How long was each lab period? _____

Please drop off with John Burright in 1608 Gilman as much as the following as possible. Please check in the box what information you are able to provide. If the evaluating advisor has any questions, she/he will contact you.

course syllabus

course textbook

class notes

quizzes

exams

final exam

lab notebook

If your supporting documentation is not in English, what language is it in?
