Date: ___________________

UCLA Mathematics Department

Student’s Name: ______________________________________

ID #: ______________________________________

Email address: ______________________________________

Major: ______________________________________

I took (would like to take) _____________________ at ________________________________

________________________  and feel it is equivalent to ______________________ at UCLA.

Comments: ___________________________________________________________

Required attachments:  course description
                 syllabus
                 name of textbook
                 transcript or proof of passing grade (if already completed)
Date: ___________________

UCLA Mathematics Department

Student’s Name: ____________________________________________

ID #: ____________________________________________

Email address: ____________________________________________

Major: ____________________________________________

I took (would like to take) _____________________ at ________________________________

________________________  and feel it is equivalent to ______________________ at UCLA.

Comments: ___________________________________________________________

Required attachments:  course description
                        syllabus
                        name of textbook
                        transcript or proof of passing grade (if already completed)