



Equivalency Course Requirement Request Form

Applicant:

College/University:

Pre-requisite Course Title:

Requested Equivalent Course Title:

Instructor's Name:

Department: **Dates Course Taken:**

Course Number: **Number of (semester or quarter) credits:** **Lab Included (Yes/No)**

Was this part of a degree program? **Was this an online course (Yes/No)?**

Was this course part of a degree program leading to a BS in biology?

If NOT, what type of degree program was this course affiliated with?

Please include institutional link to the course or course description below (if available):

Equivalent Course Description (please attach additional documents if space below is not sufficient):

Course Syllabus (please attach additional documents if space below is not sufficient):

NDM School of Pharmacy Admissions Office Only

Approved By: _____ **Comments:**
Not Approved By: _____