REQUEST FOR COURSE EQUIVALENCE

Stanford University English Department
Building 460, Room 201
Phone: 650-723-2635 Fax: 650-725-0755

Name: _____________________________  Date: ___________________________

Email: _____________________________  Student ID #: ____________________

*In addition to the following information, please provide a course description and syllabus from the course you wish to transfer as well as an official transcript.*

Course Information

Number & Title: _____________________ Term: ___________________________

Institution: _______________________________________________________

Course requirements (paper, exams): ____________________________________
____________________________________________________________________

Number of class meetings per week: ___________ Final grade: _________

Reading list:

Equivalent Course or Requirement for the Stanford University English Major:

__________________________________________________________

*Submit this form to the English Department Undergraduate Student Services Administrator*

______Approved ______ Denied ______________________________  __________

Director of Undergraduate Studies Signature   Date