

Semester: Fall Spring Summer

Year: 20_____

Norwich University

Equivalency Exam Form

Student ID # A00_____ Name: _____ NU Box: _____

Class Year: 20_____ Major: _____ Advisor: _____

Equivalency Exam will be applied towards a requirement for:

Major: _____

Minor: _____

Concentration: _____

Detailed information for Equivalency Exam may be found in the Academic Rules and Regulations, Section II #3 located in the University's Catalog on the Registrar's Office web page.

Course Number: _____ Course Title: _____

Instructor Administering Exam: _____

Date of Exam: _____

Cost for Exam: \$250.00

Signature of Advisor: _____

Signature of Instructor Administering Exam: _____

Signature of Department Chair of Course: _____

Payment Received: _____ Bursar's Office Initials

Processed by: Initials

I have examined a degree evaluation and understand how the Equivalency Exam will meet a requirement within my program if I pass the exam with an acceptable score/grade, but I may not meet the credit requirement of the course(s) it will waive.

Student Signature

Date

Revised 12/08