

Request For Evaluation of Lower Division Course Work to Meet Major Requirements

Today's Date: _____ Request Submitted For: Fall _____ Spring _____
year year

Name: _____ Campus ID: _____
Last First M.

Address: _____
Street City Zip

Phone#: () _____ Message #: () _____

E-mail Address: _____

OPTION REQUESTED (Please circle one):

ACCT FIN* HRM MGMT OP MIS* IB* MKTG

* **Finance** majors must choose **one** concentration: a. **Financial Management** b. **Investments**
c. **Financial Institutions**

* **MIS** majors much choose **one** concentration: a. **Applications Development** b. **Business Telecommunication**
c. **Electronic Commerce** d. **Decisions Technologies**

* **International Business** majors must choose **one** approved foreign language: Arabic, Chinese, French, German, Italian, Japanese, Portugese, Russian, Spanish, or other Language _____

1. Students requesting an evaluation must provide (unless transcripts are online):

(1) **original transcript(s)** for **all** college, and university coursework. We will accept photocopies of CSULB transcripts and/or report cards (original transcripts are only required from CSULB if you attended prior to Fall 1988)

(2) in-progress reports for all course work currently enrolled in at another institution; (3) copies of approved course equivalency petitions, if any; and (4) proof of AP credit, if any.

I have attached original transcript (s) from _____
(list schools attended)

CSULB Course or Equivalent	School	Sem/Yr	Course	School	Sem/Yr
Acct 201 at _____		During _____	Math 115 at _____		During _____
Blaw 220 at _____		During _____	Econ 101 at _____		During _____
IS 240/233 at _____		During _____	Econ 100 at _____		During _____
Math 114 or Math 108 at _____		During _____	Phil 160/170 at _____		During _____

NOTE: Accounting majors must take PHIL 160 (Ethics). MIS majors must take PHIL 170 (Logics).

The CSULB CBA expects you to provide complete and accurate responses to the items on this request for evaluation. Further, the official documents that you submit in support of this request must be authentic, unaltered records that pertain to you. Your signature is your certification of accuracy and completeness of the information you have provided.

I understand and agree to the above requirements and certify that all attached documents are authentic and unaltered.

Signature _____ Date _____

NOTE: This form must be completely filled out and signed or it cannot be processed.

Requests for evaluation take approximately one to two weeks to process.