



APPLICATION FOR EQUIVALENCY OF FIRST-YEAR COMPOSITION REQUIREMENTS
ARIZONA STATE UNIVERSITY

Complete this application and attach it to a transcript(s) showing the course(s) in question and catalog description(s) of the course(s) (available on microfiche Hayden Library).

Please Print

NAME (LAST, FIRST, MI)		ASU I.D. NO.	TELEPHONE	DATE
ADDRESS (NO, STREET APT.)			CITY STATE ZIP	
COLLEGE	MAJOR		HRS COMPLETED	ASU CUMULATIVE G.P.A.

Transfer course(s) you wish to submit as First-Year Composition equivalents (be sure to attach transcripts and catalog descriptions).

COURSE NUMBER	COURSE TITLE	DATE TAKEN (SEM, YR)	SEM HRS.	ASU EQUIVALENT (Evaluation designee's use only)

NAME(S) AND LOCATION OF COLLEGE OR UNIVERSITY

WRITING COURSES TAKEN AND PASSED AT ASU

COURSE PREFIX AND NO.	COURSE TITLE	SEMESTER HRS.

COMMENTS

STUDENT SIGNATURE	Attach transcript(s) and catalog description(s) and submit to the evaluation designee in your college.
-------------------	--------------------------------------------------------------------------------------------------------

DO NOT WRITE BELOW THIS LINE (for evaluation designee's use only)

ACTION (CHECK ONE)
<input type="checkbox"/> Has fulfilled First-Year Composition requirement: <input type="checkbox"/> Has Fulfilled _____ and needs _____
<input type="checkbox"/> Application for equivalency denied.

COMMENTS

	AUTHORIZED STAMP (REQUIRED)
AUTHORIZED SIGNATURE	DATE

Designee: Forward completed form to Records Information SSV-B114