Course Equivalency Form
Department of Speech-Language Pathology

Student’s Name: ____________________________________________

ID #: __________________________

CSULB Course (name/number)*: ________________________________

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Equivalent course (name/number): ______________________________

Semester and Year Completed: ________________________________

College/University Name: ____________________________________

Grade: __________

**Attach appropriate documentation to this form (course description, transcripts, etc.)**

Comments:

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Approved by: ___________________________ Date: ________________

Faculty Signature

*NOTE: If equivalency verification is sought for one of the non-CD courses specific to ASHA IV-A, list name of the competency for which equivalency is sought (biologic science, physical science, social/behavioral science, or statistics). Undergraduate students should submit to Dr. Pei-Fang Hung, graduate students to Dr. Ostergren, and MPP students to Michelle Powers-Lundvall.

Revised May 2014