



DEPARTMENT OF COMPUTER SCIENCE AND ENGINEERING

Request for Course Evaluation

Student Name and UID _____

WSU Email Address _____ Major _____

Transfer Institution _____

Course Number and Name/Credit Hours _____

Grade ____ Semester ____ or Quarter ____ Term and Year that Course was Taken _____

Proposed Wright State Course Equivalent _____

Date _____

Attach a printed copy of the course syllabus to this form and deliver documents to 303 Russ Engineering – Department of Computer Science and Engineering.

Allow up to 2 Weeks for Evaluation

For Internal Use Only

WSU Course Equivalent _____

Evaluator's Name _____

Date _____

Comments: