**EQUIVALENCY EVALUATION FORM**

Name:

College: Major:

Year and Section: Date:

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| --- |
| *To be credited to equivalent subject:* |
| From: | **SEMESTER/YEAR** | To: |
| **COURSE CODE** | **DESCRIPTIVE TITLE** | **LEC-LAB-UNITS** |  | **COURSE CODE** | **DESCRIPTIVE TITLE** | **LEC-LAB-UNITS** |
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**Recommending Approval:**

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 *Chairperson College Dean*

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 *Director, ARO*

**Approved:**

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*Vice President for Academic Affairs*