Evaluation of Non-UC Berkeley Statistics Course

COMPLETE ALL FIELDS. Failure to do so may result in an immediate rejection.
Bring all materials to 367 Evans.

Name: ____________________________ SID: ____________________________

Intended Major(s): ____________________________

E-mail: ____________________________ Phone number: ____________________________

Need evaluation for equivalence to UC Berkeley’s Statistics ____________________________.

☑ Enter course number(s) here

Name of other college/university: ____________________________

Department: ____________________________ Course number: __________ Number of units: __________

Course name: ____________________________

Is this an online course? ☐ No ☐ Yes

Term/Year you are taking/took course: ____________________________

Term Length: ☐ Semester ☐ Quarter ☐ Other (explain): ____________________________

Does the course have a Laboratory/Discussion Section? ☐ No ☐ Yes

Is there a calculus prerequisite? ☐ No ☐ Yes

Complete list of Prerequisites: ____________________________

Text title: ____________________________

Author(s): ____________________________

Publisher, Edition: ____________________________

Attach (check boxes of the items you include & give to Mary in 367 Evans Hall)

☐ course description (from catalog)

☐ syllabus (expanded description of what is covered in course)

☐ copy of textbook/reader if available (We will return it)

☐ course description of all prerequisites for the course you need evaluated

☐ copy of homework assignments, blank midterms & final if available. (Make photocopy of original, ‘white-out’ your answers and scores)

☐ any additional forms you need signed by your college/major

COMPLETE ALL FIELDS ABOVE LINE BEFORE SUBMITTING

For Statistics Faculty Evaluator to complete

☐ Your course is equivalent to UC Berkeley’s Statistics ____________________________.

☐ Your course is NOT equivalent to UC Berkeley’s Statistics ____________________________.

Notes: ____________________________

__________________________________________ ____________________________

Evaluator Signature Date