

Request for Course Evaluation

A maximum of three upper-division Political Science requirements may be fulfilled by courses taken elsewhere. Before requesting a review of your courses, please carefully read the previous page entitled "Studying Abroad?" If the courses are appropriate for the major, complete the form below, attach the necessary supporting documents, and return to 296 Barrows Hall. Insufficient information will result in non-approval. Please note: 4-unit upper-division Polisci courses taken at quarter system schools will **not** count as one upper-division equivalent – see the previous page for the departmental policy on quarter system courses.

Name SID Number Date

Email Address Telephone Number

College _____ Country _____
(e.g., Autonomous University of Barcelona, Sciences Po)

Program: UC Berkeley EAP: Non-EAP:

Courses

1) UC- EAP or NON- EAP Course Number _____
(e.g., Pol Sci 115, Government 1352)

Sem/Yr. _____ Instructor _____

Course Title _____

Course Duration (number of weeks) _____ Unit Value (specify semester/quarter) _____

First Day of Class (Day/Month/Year) _____ Last Day of Class (Day/Month/Year) _____

Requirement hoping to be fulfilled [e.g., upper-DIV PS, history, specialization] _____
(e.g., Upper-DIV PolSci, International Relations Specialization)

2) UC- EAP or NON- EAP Course Number _____
(e.g., Pol Sci 115, Government 1352)

Sem/Yr. _____ Instructor _____

Course Title _____

Course Duration (number of weeks) _____ Unit Value (specify semester/quarter) _____

First Day of Class (Day/Month/Year) _____ Last Day of Class (Day/Month/Year) _____

Requirement hoping to be fulfilled [e.g., upper-DIV PS, history, specialization] _____
(e.g., Upper-DIV PolSci, International Relations Specialization)

3) UC- EAP or NON- EAP Course Number _____
(e.g., Pol Sci 115, Government 1352)

Sem/Yr. _____ Instructor _____

Course Title _____

Course Duration (number of weeks) _____ Unit Value (specify semester/quarter) _____

First Day of Class (Day/Month/Year) _____ Last Day of Class (Day/Month/Year) _____

Requirement hoping to be fulfilled [e.g., upper-DIV PS, history, specialization] _____
(e.g., Upper-DIV PolSci, International Relations Specialization)

4) UC- EAP or NON- EAP Course Number _____
(e.g., Pol Sci 115, Government 1352)

Sem/Yr. _____ Instructor _____

Course Title _____

Course Duration (number of weeks) _____ Unit Value (specify semester/quarter) _____

First Day of Class (Day/Month/Year) _____ Last Day of Class (Day/Month/Year) _____

Requirement hoping to be fulfilled [e.g., upper-DIV PS, history, specialization] _____
(e.g., Upper-DIV PolSci, International Relations Specialization)

5) UC- EAP or NON- EAP Course Number _____
(e.g., Pol Sci 115, Government 1352)

Sem/Yr. _____ Instructor _____

Course Title _____

Course Duration (number of weeks) _____ Unit Value (specify semester/quarter) _____

First Day of Class (Day/Month/Year) _____ Last Day of Class (Day/Month/Year) _____

Requirement hoping to be fulfilled [e.g., upper-DIV PS, history, specialization] _____
(e.g., Upper-DIV PolSci, International Relations Specialization)

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| Office Use Only | | | |
| #1: Approved <input type="checkbox"/> Denied <input type="checkbox"/> | #2: Approved <input type="checkbox"/> Denied <input type="checkbox"/> | #3: Approved <input type="checkbox"/> Denied <input type="checkbox"/> | |
| #4: Approved <input type="checkbox"/> Denied <input type="checkbox"/> | #5: Approved <input type="checkbox"/> Denied <input type="checkbox"/> | | Date _____ |
| Comments: _____ | | | |
| _____ | | | |