COURSE EQUIVALENCY REQUEST FORM MASTER OF ARCHITECTURE, SCHOOL OF ARCHITECTURE

Print Name	RIN #			
Local Phone: () Area Code Phone Number	RPI email Address: @rpi.edu			
Expected Rensselaer Graduation Date:/(month) (year)	Institution Attended			
Term you entered RPI: Fall Spring Summer Year:	Dates Attended: From/ To/ Month/Year Month/Year			

Course Number	Course Title	Semester Credit Hours	Course meets Eqivalency	Dept. Approval
Undergraduate				Print
Studies				Name
RPI				and
Equivalent				Sign
Undergraduate				Print
Studies				Name
RPI				and
Equivalent				Sign
Undergraduate				Print
Studies				Name
RPI				and
Equivalent				Sign
YY 1 1 4				Print
Undergraduate				Name
Studies RPI				and
Equivalent				Sign
Equivacin				Sigii
Undergraduate		T		Print
Studies				Name
RPI				and
Equivalent				Sign
				0.5
Undergraduate				Print
Studies				Name
RPI				and
Equivalent				Sign
Undergraduate				Print
Studies				Name
RPI				and
Equivalent				Sign

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