

Date: _____

UCLA Mathematics Department

Student's Name: _____

ID #: _____

Email address: _____

Major: _____

I took (would like to take) _____ at _____
_____ and feel it is equivalent to _____ at UCLA.

Comments: _____

Required attachments: course description
 syllabus
 name of textbook
 transcript or proof of passing grade (if already completed)

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