SACRAMENTO STATE
COLLEGE OF BUSINESS

MBA PROGRAM
COURSE EQUIVALENCY EVALUATION
For Foundation *and* Core Courses

Part I. INSTRUCTIONS TO STUDENTS

1. **Section A:** Type your answers to each question. You must list your Sac State Student ID number.
2. **Section B:** Check the box next to the **ONE** foundation or Core course in which you are trying to prove equivalency. If you are transferring in a course to replace an MBA elective write the exact course number you are trying to replace on the line. If your concentration is MBA General leave the line blank. *A separate form is required for each course equivalency request*.
3. **Section C:** Please provide the detailed information about the course(s) you are using to prove equivalency.
4. **Section D:** Include the required attachments listed in this section. You **must** scan these attachments/documents along with this form to be submitted electronically. ***No hardcopy documents are accepted. Scan and email all items in Section D as well as this form.*** The Faculty Advisor may, at a later date, require the originals of one or more documents.
5. **Submit the form:** To MPS via email MPS@csus.edu. The MPS will submit the form and attachments via email to the appropriate Faculty Advisor for review. Results will be emailed to you at the email address given below approximately fifteen working days after a ***complete*** course equivalency evaluation form is submitted to the Faculty Advisor.

A. Name _____ Sac State ID# _____
Last First MI

Email _____ Cell Phone _____

B. SELECT ONE SAC STATE COLLEGE OF BUSINESS COURSE NUMBER FOR WHICH EQUIVALENCY IS REQUESTED:

MBA 210 ☐	MBA 240 ☐	MBA 280 ☐	MBA 203 ☐	☐ MBA Elective _____
MBA 220 ☐	MBA 260 ☐	MBA 201 ☐	MBA 206 ☐	
MBA 230 ☐	MBA 270 ☐	MBA 202 ☐	ECON 204 ☐	

C. TRANSFER COURSE INFORMATION (This section must be filled out completely plus Section D attachments)

Where Taken: _____ When Taken: _____
University State Semester or Quarter Year

Course Title: _____

Course Prefix/Number _____ Units: _____ Grade: _____

Class Level as indicated by course number: ☐ UPPER DIVISION ☐ GRADUATE

Course Prerequisite(s): _____ Text(s) used and Author(s): _____

D. REQUIRED ATTACHMENTS (request is not complete and will not be reviewed w/o softcopies of all required attachments)

- ❑ Copy of the course description from the university catalog. Scan and attach to email.
- ❑ Contact the university you are transferring the course from and obtain a copy of the course Syllabus or outline (it is acceptable to get the current course syllabus or outline if you cannot get the older version). Scan and attach to email.

PART II. TO BE COMPLETED BY MBA PROGRAM SERVICES OFFICE:

Is the course upper division or graduate level (if required)?	Upper Division	Graduate		Initials _____
Is the University an AACSB accredited institution?		NO	YES	
Is the course GPA 2.0 for Foundation or 3.0 for Program Requirement?		NO	YES	Date _____
Is the course within 7 years of admission for Foundation or 7 years of graduation for Core?		NO	YES	

PART III. TO BE COMPLETED BY FACULTY ADVISOR (Please email with decision or sign, print & put in MPS mailbox)

☐ Additional Information is needed: _____

☐ Yes In my judgment, the courses are approximately equivalent

☐ No In my judgment, the courses are not equivalent

Reason for denial: _____

_____

_____ _____ _____
Signature of Faculty Advisor Faculty Advisor **Print** Name Date