

PSYCHOLOGY DEPARTMENT DECLARATION OF INTENT TO TAKE PREREQUISITE AT ANOTHER INSTITUTION

First Name:	Date:
Last Name:	Student G#:
GVSU Email:	Major(s):
Phone #:	Minor(s):

College/University where you intend to take the course	State

Course you intend to take - use exact Dept. abbreviation and number (e.g., PSYC 233) from institution where you will take the course	Semester/Year	Date you will register for this course

What course is this equivalent to at GVSU based upon information at http://www.gvsu.edu/studentapps/mtn/ ? (If equivalency has not previously been determined, bring course description to GVSU dept. offering the prerequisite course.)	What course at GVSU is this course a prerequisite for?	Semester/Year you will take the course this is a prerequisite for

I understand that I must submit (to the Psychology Department) a course schedule verifying my enrollment within one week of the date I will register or I will be dropped from the GVSU course. I also understand that, once I complete the course, I must send a transcript to the GVSU Records Department as soon as my grade is posted.

Student Signature:

Verification can be delivered in person to the department office at 2224 Au Sable Hall, faxed to 616-331-2480, or as an email attachment to psydept@gvsu.edu. Mailing address: Psychology Department, Grand Valley State University, 2224 Au Sable Hall, 1 Campus Drive, Allendale, Michigan 49401

Department Use Only:	Course Equivalency Verified: Initials:	Other prerequisites were verified: Initials:
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Department Action:	<input type="checkbox"/> Approved and entered into Banner	<input type="checkbox"/> Not Approved
Date:	<input type="checkbox"/> RWH <input type="checkbox"/> SP	

Date registration must be verified to prevent student from being dropped from the GVSU course:

Date/Time Email Sent:

Other Notes: