



**MICHIGAN STATE UNIVERSITY**

Department of Epidemiology and Biostatistics  
Course Equivalence Form

Student Name:	
Student Number:	
Transferring Institution:	
Course Number:	
Course Name:	
Credits:	_____ Semester _____ Term
Grade Received:	

Course Description:

\* Syllabus Attached

To be substituted for:

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Course #	Course Name	Credits
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Replacement course when applicable:

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Course #	Course Name	Credits
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Required Signatures:

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Advisor	Date
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Course Instructor/Subject Matter Expert	Date
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Graduate Program Committee Chair	Date
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