

Department of Chemistry & Biochemistry, San Francisco State University

Prerequisite Courses Form

To clear blocks on registration for a course

Department Use Only

PLEASE PRINT CLEARLY

(This information does NOT get added to your student record)

Date: _____

Name: _____ SFSU ID No: _____

Email address: _____ Current Major: _____

Chem course(s) needed: Term _____ Course(s): _____

Directions: Before submitting this form, please check your transfer credit report (TCR) to verify whether or not courses taken at a transfer institution have been assigned as SFSU courses. For any relevant courses not assigned as an SFSU course (entry of "transfer credit" or no entry at all), submit this form to the Department Office (TH 806), with a **course description** and **unofficial transcript showing the grade received in the course**. Note: two quarters of a course are needed to establish equivalency with one semester SFSU courses. This information is for department use only and does not get added to your student record.

SFSU Course	SFSU Course Name	Transferred Course Number	Where was course taken?	Grade	Advisor Evaluation			
					On TCR	Approved as Equiv.	Approved as Prereq.	Not Approved
CHEM 115	Gen. Chem I				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHEM 215	Gen. Chem II				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHEM 216	Gen. Chem II Lab				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHEM 233	Organic. Chem I				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHEM 234	Organic Chem I Lab				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHEM 335	Organic Chem II				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHEM 336	Organic Chem II Lab				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PHYS 111/112	Gen Phys I/L				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PHYS 121/122	Gen Phys II/L				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PHYS 220/222	Phys I w/Calc/L				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PHYS 230/232	Phys II w/Calc/L				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PHYS 240/242	Phys III w/Calc/L				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MATH 226	Calc I				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MATH 227	Calc II				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MATH 228	Calc III				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BIOL 230	Gen. Bio I (Cell/Molec)				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Notes:

Approving Advisor

Date