

COURSE PROPOSAL FOR CREDIT REVISION OR EQUIVALENCY CREDIT

Name: _____ Date: _____

School: _____ Course Title: _____

Proposed equivalency credit: _____ # of Credits _____

Graduation Requirement(s) this course will fulfill: _____

Attach documentation to include the following:

- Course Description
- Course Outline and Competencies
- Identification of EALR's addressed

Curriculum or advisory committee responsible for this program/course: _____
(Attach minutes from the meeting approving the recommendation for equivalency credit.)

Committee Recommendation: Approval Denial

Principal Signature: _____

Equivalency Credit Committee Review

Committee Members:

_____	_____
_____	_____
_____	_____

Signature of Program Administrator

Committee Recommendation:
 Approval Denial

Date

Approval Denial

Signature of Asst. Superintendent of Secondary Education

Date