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
☐ 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

Equivalency Credit Committee Review

Committee Members:
__________________________________________  __________________________________________
__________________________________________  __________________________________________
__________________________________________  __________________________________________

Signature of Program Administrator  Committee Recommendation:  ☐ Approval  ☐ Denial

__________________________________________ Date

☐ Approval ☐ Denial

Signature of Executive Director of Secondary Education

__________________________________________ Date

June 2002