

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