

COURSE PROPOSAL FOR CREDIT REVISION OR EQUIVALENCY

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 State Standards addressed

Principal Signature: \_\_\_\_\_

.....

Equivalency Credit Committee Review

Committee Members:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Program Administrator

Committee Recommendation:

☐ Approval ☐ Denial

\_\_\_\_\_  
Date

.....

☐ Approval ☐ Denial

\_\_\_\_\_  
Signature of Director of Secondary Education

\_\_\_\_\_  
Date