

SCHOOL DISTRICT NO. 48 (SEA TO SKY)

ADMINISTRATIVE PROCEDURE SERIES 600 - EDUCATIONAL PROGRAM

AP605 ASSESSMENT AND EVALUATION
AP605.4 Equivalency Credit

APPLICATION FOR EQUIVALENCY CREDIT

Name: _____ Date: _____

Name of Course/Program taken: _____

Name of Secondary School course for which equivalency is requested (Grade 11 12 only): _____

1. Name of Institution where credentials were acquired: _____
_____ - Phone: _____

2. Name and description of credentials: _____

Name of Instructor _____

3. Number of equivalent credits requested (1-4) _____

4. List of supporting documentation included with this application:

5. Explain why this equivalency is important to you: _____

APPROVAL: YES: _____ NO: _____ COURSE EQUIVALENCY CREDIT: _____

Student Signature

Parent Signature

Principal Signature