Studen	t:
ID:	
for pro	ts who request that a course be considered for equivalence in their program are responsible viding the information below and obtaining the required signatures. The steps in shing equivalence are as follows:
(i) (ii) (iii)	
1.	The course for which equivalence is requested.
	Course Name:
	Course#:
	Number of credits:
2.	Course which has already been completed.
	Name of institution:
	Course Name:
	Course#:
	Number of credits:
3.	Name of the most recent instructor of the course for which equivalence is requested.
	Name:

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Document Check List			
Please check the box to the left and attach (a) a copy of the syllabus for the course previously completed and (b) a copy of the transcript for the course previously completed.			
Instructor's name:			
Instructor's signature:	Date:		
Training Director's name:			
Training Director's signature:	Date:		