



**INSTRUCTIONS:**

Via U.S. mail, submit **one (1) original signature page** to:  
**WISCONSIN DEPARTMENT OF PUBLIC INSTRUCTION**  
**ATTN: JEFF HICKEN**  
**DIVISION FOR ACADEMIC EXCELLENCE**  
**125 SOUTH WEBSTER STREET**  
**PO BOX 7841**  
**MADISON, WI 53707-7841**

and e-mail application to: [dpiequivalency@dpi.wi.gov](mailto:dpiequivalency@dpi.wi.gov)

For questions regarding this form, contact Jeff Hicken at [jeffrey.hicken@dpi.wi.gov](mailto:jeffrey.hicken@dpi.wi.gov) or (608) 267-9255 or Kevin Anderson at [kevin.anderson@dpi.wi.gov](mailto:kevin.anderson@dpi.wi.gov) or (608) 266-3319.

**Applicants will be notified within 60 days for verification of receipt of equivalent application.**

**I. GENERAL INFORMATION**

Participating School District		Participating High School	
Name of Contact Person <i>First and Last</i>	Contact Person Phone <i>Area/No.</i>	Contact Person Email Address	
Mailing Address <i>Street, City, State, Zip</i>	Date Applying <i>Mo./Yr.</i>	Equivalent Course Title	

**II. DESCRIPTION OF EQUIVALENT COURSE**

Provide a brief description of the proposed equivalent course and include how much equivalency credit you are applying for. Best practice examples can be found at: <https://dpi.wi.gov/ag/equivalency>. *Limit response to space provided.*

**III. EQUIVALENT VERIFICATION REQUIREMENTS**

1. List of committee members and their titles.
2. Brief summary of the district Ag/Science equivalent process.
3. Documentation of agriculture equivalent course content/syllabus—with proposed instructional time documented.
4. Completion of the Ag/Science crosswalk—how the crosswalk was used to develop the content of the equivalent course.

**IV. CERTIFICATION SIGNATURES**

**ON BEHALF OF THE BOARD OF EDUCATION, I HEREBY AFFIRM** that the above-named equivalent course contains the time allotment and substantially the same objectives to develop the knowledge, concepts, and skills of the course for which the equivalent is proposed, consistent with s. 118.33, Wis. Stats., and Ch. PI-18 Wis. Admin. Code and subject to the state superintendent's approval.

Signature of School Board President <i>Blue Ink Only</i>	Date Signed <i>Mo./Day/Yr.</i>
➤	
Date Approved by Local School Board <i>Mo./Day/Yr.</i>	
Signature of High School Principal <i>Blue Ink Only</i>	Date Signed <i>Mo./Day/Yr.</i>
➤	
Signature of District Administrator <i>Blue Ink Only</i>	Date Signed <i>Mo./Day/Yr.</i>
➤	