



**1. GENERAL INFORMATION**

Participating School District	Participating High School	
Mailing Address <i>Street, City, State, Zip</i>	Date Applying <i>Mo./Yr.</i>	Anticipated School Year <i>Yr.-Yr.</i>

**2. DESCRIPTION OF EQUIVALENT COURSE**

Equivalent Course Title	Course is Worth <i>Check .5 or 1 credit</i> <input type="checkbox"/> .5 credit <input type="checkbox"/> 1 Credit
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**3. CRITERIA FROM DISTRICT/SCHOOLEQUIVALENCY APPLICATION**  
*Verify that each is provided and accompany the application.*

- | Yes                      | No                       |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Equivalent course description ( <i>brief</i> ).  |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. District committee members with titles.          |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Summary of equivalency process used by district. |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Equivalent course syllabus/content.              |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Instructional time documented.                   |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Completed crosswalk.                             |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. All signatures.                                  |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Documentation of school board approval.          |

**4. CONSULTANT COMMENTS**

*Provide comments about the application. If application is not approved, provide reasons for the denial.*

**SIGNATURES**

<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	DPI Business & Information Technology Consultant Signature ➤	Date Signed <i>Mo./Day/Yr.</i>
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	DPI English/Language Arts Consultant Signature ➤	Date Signed <i>Mo./Day/Yr.</i>
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	DPI Team Director Signature ➤	Date Signed <i>Mo./Day/Yr.</i>