



For questions regarding this form, send an email to [DPequivalency@dpi.wi.gov](mailto:DPequivalency@dpi.wi.gov).  
**Applicants will be notified within 60 days for verification of receipt of equivalent application.**

1. 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>	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

Provide a brief description of the proposed equivalent course. Best practice examples can be found at: <https://dpi.wi.gov/fcs/equivalency>.

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

4. CERTIFICATION SIGNATURES	
<b>ON BEHALF OF THE BOARD OF EDUCATION, I HEREBY AFFIRM</b> 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  	Date Signed <i>Mo./Day/Yr.</i>
Date Approved by Local School Board <i>Mo./Day/Yr.</i>	
Signature of High School Principal  	Date Signed <i>Mo./Day/Yr.</i>
Signature of District Administrator  	Date Signed <i>Mo./Day/Yr.</i>