



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

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 Technology Education/Math Consultant Signature ➤	Date Signed <i>Mo./Day/Yr.</i>
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	DPI Technology Education/Math 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>