

DRAFT

EQUIVALENCY DETERMINATION FORM

The Equivalency Committee met on: _____

to consider _____

(name)

request for equivalency. It was determined that the equivalency criteria

was met for the following discipline(s):

It was determined that the equivalency criteria was not met for the following discipline(s)

Reasons:

Appropriate Administrator: _____ Date: _____

Appropriate Vice President: _____ Date: _____

Department Chair/Coordinator: _____ Date: _____

Chair, Equivalency
Review Committee: _____ Date: _____