



EQUIVALENCY COURSE OF STUDY
PROPOSAL

**For Acceptance of Credit from Correspondence (including
On-Line), Private, and
Non-Running Start College Courses.**

Must be submitted to the Principal for approval *prior* to starting the course, and by *no later* than May 1

Student Name: _____ **Student ID#:** _____

School: _____ **Grade Level:** _____

Date of Proposal: _____ **School Year:** _____

Reason for Request:

Name and Address of Other School or Institution:

Type of Institution: _____

Title of Course of Study:

Duration of Program – Beginning Date: _____ **Ending Date:** _____

Total Credit Hours of Course: _____ **Number of Credits Being Requested:** _____

Detailed Description of Educational Requirements Met By Course:

Student Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____

Principal or Designee Signature: _____ **Date:** _____

Please attach a copy of the curriculum, syllabus, and/or course requirements.

Receipt of credit will be contingent upon provision of an official transcript reflecting satisfactory completion of the course, as well as documentation establishing that the work performed in the course meets or exceeds Washington Grade Level Expectations (GLEs).