



# EQUIVALENCY CREDIT APPLICATION

## 2017-2018

Student Name: \_\_\_\_\_

Sending School: \_\_\_\_\_

Sno-Isle TECH Program: \_\_\_\_\_

Sno-Isle TECH certifies that the delineated quantity of equivalency instruction is imbedded in the curriculum of the programs listed below, for successful completion of ***an entire school year*** of the program. Theory and application documentation may be obtained directly from the instructor. **NOTE: THIS APPLICATION IS NOT VALID UNTIL ALL SIGNATURES HAVE BEEN OBTAINED.**

Sno-Isle TECH Program	English	Fine Arts	Lab Science	Math	P.E.	Science
3D Animation	no	1.0	no	*GEO - 1.0	no	no
Aerospace Manufacturing	1.0	no	no	3rd Year	no	1.0
Auto Body and Collision Repair	no	1.0	no	no	no	no
Automotive Technology	no	no	no	no	no	no
Computers, Servers & Networking	1.0	no	no	no	no	no
Construction Trades	no	no	no	*GEO - 1.0	no	no
Cosmetology	no	no	no	no	no	no
Criminal Justice	no	no	no	no	1.0	no
Culinary Arts	no	no	no	no	no	no
Dental Assisting	no	no	no	no	no	no
Diesel Power Technology	no	no	no	no	no	no
Electronics Engineering Technology	no	no	no	*A2E - 1.0	no	no
Fashion & Merchandising	no	1.0	no	no	no	no
Fire Service Technology	no	no	no	no	1.0	no
Healthcare Careers	no	no	no	no	no	no
Medical Assisting	no	no	no	no	no	no
Nursing Assistant	no	no	1.0	no	no	no
Precision Machining	no	no	no	no	no	no
Veterinary Assisting	no	no	1.0	no	no	no
Video Game Design	1.0	no	no	*GEO/A2E - 1.0	no	no
Welding/Metal Fabrication	no	no	no	no	no	no

**CIRCLE THE EQUIVALENCY CREDIT FOR WHICH YOU ARE APPLYING**

\*A2E-Algebra II Equivalent, GEO-Geometry

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

High School Counselor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

High School Principal Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**TO BE COMPLETED BY SNO-ISLE TECH INSTRUCTOR UPON COMPLETION OF COURSE**

*I verify that the above-named student has completed appropriate course work with a passing grade to be granted Equivalency Credit in my Sno-Isle TECH program.*

Sno-Isle TECH Instructor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Sno-Isle TECH Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Subject

Credit

Total Equivalency Credit Granted: