Date ____

Course Equivalency Referral Form

Candidate	Phone (H)
Address	Phone (W)
	E-mail
Licensure Area	
Previous Degree	
Major	
College/Universities attended	
Advisor	(Signature required)
Course or Experiential Equivalency Sought	for the Following:

GC Course	Course/Experience	Institution	Date	Grade

This form is to be completed by the candidate and advisor and submitted to the Course Equivalency Subcommittee Coordinator in Proctor Hall East, room 108. PLEASE ATTACHALL NECESSARY VERIFICATION OR THE REQUEST WILL BE RETURNED TO YOU. For courses: transcripts and Catalog descriptions or course syllabi are required. Student teaching equivalency: recommendation from principal, teaching duties compiled by yourself, Summative Evaluation (TPAI), and passing PRAXIS II scores are required. For experiential equivalency: description of the experience and letters from employers, etc. are required.

Course Equivalency Requests will be presented at the August, November, and April Teacher Education Committee Meetings. All documents for equivalency consideration must be submitted to the Course Equivalency Subcommittee Coordinator no later than August 1st for August consideration, by November 1st for November consideration, and April 1st for April consideration.