COURSE EQUIVALENCY– APPROVAL FORM

(Return to the Registrar's Office)

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| **Coordinator To Complete:** (Both course outlines must be attached) **Date:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*(These two courses shall be reviewed for confirmation of equivalency every three (3) years).* I have reviewed the following course outlines: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Course Number, Name and Program *(First course)*  Course Number, Name and Program *(Second course)*I have reviewed the learning outcomes for both course outlines above and determined that:□ **Approved** as a validEquivalency to be added into Banner□ Course \_\_\_\_\_\_\_\_\_\_\_\_ has been recognized as meeting the outcomes of Course \_\_\_\_\_\_\_\_\_\_\_\_ (course code) (course code)□ The Two (2) courses are not equivalentApproved course(s) will be added to Banner for all subsequent students pending Coordinators’ recommendation (signatures) and Dean’s approval (signature) below.  Comments: \_\_\_\_\_\_\_\_\_\_\_ First Program Coordinator Signature (recommendation) Date \_\_\_\_\_\_\_\_\_\_\_ Second Program Coordinator Signature (recommendation) Date |
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| **Dean/Associate Dean To Complete: (Please return to the Registrar's Office when complete)**□ The above course is **approved** as valid for Equivalency and can be added to Banner for all subsequent students. □ The above course(s) is/are **denied** as valid Equivalency. Dean/Associate Dean Signature (approval) Date |

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| **For Office Use Only** |  |
| Date Received: |  | Added to Banner: | □  | By: |  |  |
| Comments: |  |  |  |  |  |  |
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Return to the Registrar's Office once all required signatures have been obtained