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 equivalent  Approved 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