



EQUIVALENCY CREDIT APPLICATION

2016-2017

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.

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	no	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	no	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: _____

Subject

Credit

Total Equivalency Credit Granted: