



SEATTLE  
PUBLIC  
SCHOOLS

# Equivalency Course of Study Proposal

For Acceptance of Credit from Correspondence Courses, Online Courses, and College Courses

Student Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_

School: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Date of Proposal: \_\_\_\_\_ School Year: \_\_\_\_\_

Reason for Request: \_\_\_\_\_

Name and Address of Outside School or Institution: \_\_\_\_\_

Type of Institution (college, online, etc.): \_\_\_\_\_

Title of Course of Study: \_\_\_\_\_

Duration of Program – Beginning Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

Total Credit Hours of Course: \_\_\_\_\_ Number of Credits Being Requested: \_\_\_\_\_

Detailed Description of Educational Requirements Met by Course: \_\_\_\_\_

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

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

Principal or Designee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved  Denied  More info needed: \_\_\_\_\_

**Please attach a copy of the curriculum, syllabus, and/or course requirements.**

**Receipt of credit will be contingent upon provision of an official transcript reflecting satisfactory completion of the course, as well as documentation establishing that the work performed in the course meets or exceeds Washington Grade Level Expectations (GLEs).**