This form is for requested equivalency credit that is not already listed on the WSD Credit Equivalency List

The principal is responsible for evaluating educational experiences of individual students and recommending graduation to the superintendent when requirements have been met. However, the appropriate department chair must review and approve an equivalency credit prior to the principal’s final decision for approval.

**Required Information:**

- Parent Signature: ________________________________ Date: ____________
- Student’s Name: ________________________________ Date: ____________

1. Course requested to be substituted - __________________________ credit requested: ____________
   Washington History and Government may only be equivalent for students who have completed and passed a state history and government course in another state during grades seven through twelve or who have fulfilled study of Washington state constitution through an alternative learning experience approved by the principal. (US History can not be waived or substituted)

2. Please attach a typed statement to specifically state the reason you are requesting an equivalency credit:
   The written statement must include one or more of the following:
   1. A brief summary of coursework found equivalent to the substituted course
   2. Relevant activities, that is found equivalent to the substituted course
   3. Relevant experiences that are found equivalent to the substituted course
   4. Projects or presentations that are found equivalent to the substituted course.

3. The school counselor and department chair must review this request prior to sending it to the principal:
   - Department Chair Approval: ________________________________ Signature __________________ Date ____________
   - Counselor has **reviewed** request: ________________________________ Signature __________________ Date ____________

4. All approved equivalency credit will be recorded on the student’s transcript with a “P” pass grade.

**Principal’s Determination:**

- Equivalency is Approved ________________________________ Signature __________________ Date ____________
- Equivalency is Denied ________________________________ Signature __________________ Date ____________

Due to graduation timeline, the parent or eligible student is hereby notified that an appeal to the decision on credit equivalency requests may be made in writing to the superintendent no later than **December 1st of the student’s senior year**.

**2005/2006**

Once completed this form is to be retained in the student’s cumulative file.