EQUIVALENCY CREDIT APPLICATION
2021–2022

Sno-Isle TECH
Skills Center

Student Name: _____

Sending School: _____ Grade: _____

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. ***Please note : It is the decision of the student's sending district whether to accept Sno-Isle TECH equivalency credits.***
THIS APPLICATION IS NOT VALID UNTIL ALL SIGNATURES HAVE BEEN OBTAINED.

Sno-Isle TECH Program	English	Fine Arts	Lab Science	Math	P.E.	Science
Aerospace Manufacturing & Maintenance Technology	**1.0**	no	no	**3rd Year**	no	**1.0**
Animation	no	**1.0**	no	***GEO - 1.0**	no	no
Auto Body & Collision Repair	no	**1.0**	no	no	no	no
Automotive Technology	**1.0**	no	no	no	no	**1.0**
Careers in Education	no	no	no	no	no	no
Computers, Servers & Networking	**1.0**	no	no	no	no	no
Construction Trades	**1.0**	no	no	**3rd Year**	no	**1.0**
Cosmetology	no	no	no	no	no	no
Criminal Justice	no	no	no	no	**1.0**	no
Culinary Arts	no	no	no	no	no	**1.0**
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
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
Translation & Interpretation	no	no	no	no	no	no
Veterinary Assisting	no	no	**1.0**	no	no	no
Video Game Design	**1.0**	no	no	***GEO/A2E - 1.0**	no	no
Welding / Metal Fabrication	no	no	no	no	no	no

<u>**CIRCLE THE EQUIVALENCY CREDIT FOR WHICH YOU ARE APPLYING**</u>   ***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 this Sno-Isle TECH program.

Sno-Isle TECH Instructor Signature: _____ **Date:** _____

Sno-Isle TECH Administrator Signature: _____ **Date:** _____
(Form not valid without admininistrator's signature)

	Subject(s)	**Credit(s)**
TOTAL EQUIVALENCY CREDIT GRANTED:		