EQUIVALENCY CREDIT APPLICATION
2019–2020

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	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	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

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 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:		