



EQUIVALENCY CREDIT APPLICATION 2019-2020

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>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.</i>	
Sno-Isle TECH Instructor Signature: _____	Date: _____
Sno-Isle TECH Administrator Signature: _____ <small>(Form not valid without administrator's signature)</small>	Date: _____
Subject(s)	Credit(s)
TOTAL EQUIVALENCY CREDIT GRANTED: 	

The Mukilteo School District No. 6 complies with all federal rules and regulations and does not discriminate on the basis of race, color, national origin, sex, or handicap. This applies to all educational programs and/or extracurricular school activities. Further, the District recognizes the needs of persons with disabilities as defined by the Americans with Disabilities Act (ADA) of 1990. The District complies with state and federal accessibility regulations to provide access for our students, staff, parents, and guests. Inquiries regarding compliance and/or grievance procedures may be directed to the School District's Title IX Officer (Bruce Hobert 425-356-1325) and/or Section 504 Coordinator Lisa Pitsch (425-356-1277) and/or ADA Coordinator (Karen Mooseker 425-356-1330). Inquiries regarding ADA/Access issues at Sno-Isle TECH Skills Center should be directed to Maggie Bagwell, Director (425-348-2220) at 9001 Airport Road, Everett, WA 98204.