MEMORANDUM

BHES Division

To: Assessment Office/Admissions and Records
From: Stephanie Sherman, Dean, 408-864-8773 (Fax 408-864-5630)
Subject: Equivalency Determination of Test/Pre-requisite

Date: ___________________ For _____________Quarter ______ ___ Year

Please allow ______________________________________________________________

LAST NAME  FIRST NAME  

ID #: _________________________ PHONE #:_______________________

EMAIL: _______________________________________________________

To enroll in: ____________________________________________________________

CLASS NAME (e.g., BIOL 40A)

DO NOT FILL OUT BELOW, OFFICE USE ONLY ------------------------------

REASON:

_______ Student has a C or better grade in an equivalent course from another institution. ______________________________

_______ Student has a BS/BA in a related field and equivalent course material. ______________________________

_______ Student has a BS/BA in a non-related field with equivalent course experience for this class. ______________________________

_______ Student has a Masters degree or higher and equivalent course material_____________________

_______ Student is within two points of the cut score and has a GPA in high school Biology of 3.5 or higher

(All of the above must be supported by copy of an unofficial transcript.)

_______ Student is repeating the class due to nursing’s 7 year recency requirement or other program recency requirement.

_______ Student is repeating course due to changes to state law for phlebotomy training.

_______ Other:_____________________________________________________

Stephanie J. Sherman,
Dean, Biological, Health and Environmental Sciences

NOTE: Approval of this equivalency does NOT guarantee a seat in the class. The student must go through normal College application and enrollment procedures.

STUDENTS: Keep a copy of the approved determination. If you are unable to register for the quarter requested, bring copy to the division office in order to update the determination to the current quarter.