

MEMORANDUM

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.

BHES Division

To: Assessment Office/Admissions and Records
From: Stephanie Sherman, Dean, x 8332
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 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.