To: Assessment Office/Admissions and Records
From: Anita Muthyala-Kandula, 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:_____________________________________________________

Anita Muthyala-Kandula, 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.