

WEST SOUND TECH EQUIVALENCY CREDIT FORM

PART 1 - PLANNING FOR EQUIVALENCY CREDIT

❖ To Be Completed by November 2st.

Student Name: _____ WST Program: _____

Sending School: _____ Graduation Date: _____

***Equivalent Credit Student is Planning On Earning:** (Requires one full year at West Sound Tech. May be earned 1st or 2nd year but NOT both. See exceptions on Offerings page.)

Subject: _____ Credit: _____

Subject: _____ Credit: _____

Subject: _____ Credit: _____

The requirement (grade average, test percentage, special project) in my class to earn equivalency credit is _____.

Acceptance of WST equivalency credit is at the discretion of the student's high school.

- 1. _____
Parent Signature _____ Date _____
- 2. _____
Student Signature _____ Date _____
- 3. _____
WST Instructor Signature _____ Date _____
- 4. _____
WST Advisor Signature _____ Date _____
- 5. _____
High School Counselor Signature _____ Date _____

*If you are planning on attending a 4 year college immediately after high school, equivalency credits may not be accepted. Counselors can provide further information.

PART 2 - DOCUMENTATION FOR EQUIVALENCY CREDIT

❖ To Be Completed and Returned To Student's High School Counselor After June 1st Of The Academic School Year

The above named student **HAS MET** the equivalency credit skills, competencies, and hours in the West Sound Tech Program _____ for the following subject credits.

Subject: _____ Credit _____ Instructor Signature: _____ Date _____

Subject: _____ Credit _____ Instructor Signature: _____ Date _____

Subject: _____ Credit _____ Instructor Signature: _____ Date _____

WST Advisor Signature: _____ Date: _____

High School Counselor Signature: _____ Date: _____