

## REQUEST FOR EQUIVALENCE

*An equivalence notation is used when the College recognizes that a student has received the competencies of the course. The equivalence allows the student to receive the related course credits and the course does not have to be replaced by another. The equivalence is generally granted for studies completed out-of-province and at college or university. (Policy 5, 3.5.1)*

In order to have a course studied for equivalence, the student must meet with their Academic Advisor and submit this request form and required documentation (indicated below) during the admission process.

**Please note:** One form must be completed for each course equivalence requested.

Student Name: \_\_\_\_\_ Student # \_\_\_\_\_

Current semester:  fall  winter  summer Year: \_\_\_\_\_

**Required Documents:**

- An official transcript sent directly from the institution to the Academic Advisor at Heritage College.
- A corresponding official Course Outline for the course to be studied for equivalence.

Course for which an equivalence is being requested	
Course #	Course Name

Course completed and considered equivalent			
Course #	Course Title and Institution	# Credits	# Hours

\_\_\_\_\_ day/month/year

Student's Signature

TO BE COMPLETED BY THE ACADEMIC ADVISOR	
<input type="checkbox"/> Outline verified <input type="checkbox"/> Transcript verified	
_____ Academic Advisor's Signature	_____ day/month/year



## EQUIVALENCE EVALUATION

Student Name: \_\_\_\_\_ Student Number: \_\_\_\_\_

<b>TO BE COMPLETED BY THE TEACHER</b>			
Course #	Title	# Credits	# Hours
<input type="checkbox"/> I recommend the equivalence <input type="checkbox"/> I do NOT recommend the equivalence			
Rationale:  _____ _____ _____ _____ _____ _____ _____			
_____ Teacher's Signature		_____ day/month/year	
<b>TO BE COMPLETED BY THE ACADEMIC DEAN</b>			
<input type="checkbox"/> I approve the equivalence <input type="checkbox"/> I do NOT approve the equivalence			
Comment: _____ _____ _____			
_____ Academic Dean's Signature		_____ day/month/year	
<b>TO BE COMPLETED BY STUDENT SERVICES</b>			
Corrected by: _____ <span style="display: block; text-align: center;">Technician's Signature</span>		Date: _____ <span style="display: block; text-align: center;">day/month/year</span>	
<input type="checkbox"/> Student record modified <input type="checkbox"/> Letter sent to student			
<input type="checkbox"/> Résultats scolaires (RCS) (CNS) (RST) (REE) (RES) transmitted to SOCRATE <input type="checkbox"/> accepted			
<input type="checkbox"/> 'OSA' transmitted to SYSEC <input type="checkbox"/> accepted			

**PLEASE RETURN THIS FORM TO STUDENT SERVICES**