Shoreline COMMUNITY COLLEGE | Shoreline Nursing Program

Course Equivalence Form

To Request Evaluation of Courses from Other Colleges: Refer to the SCC Nursing Program Pre-Requisite Course Equivalency Chart for information on transferable courses within Washington state. Courses that are not on this list require prior approval through the Course Equivalence Review Process to determine equivalency.

Equivalency must be determined prior to the application deadline

Three documents are required to review course equivalency:

- Review of Course Equivalence Form completed by the student (incomplete forms will not be reviewed)
- Course descriptions for the courses that are to be reviewed that are NOT on the Equivalence Chart (page 2)
- Official transcripts from your prior college or institution for **ALL** pre-requisite courses to be reviewed, regardless of whether the institution is listed on the Equivalence Chart.

Course equivalency cannot be reviewed if any of these documents are missing.

Print Student's Name (Last, First) _____ Email _____

Phone Number _____ Student ctcLink ID _____

Preferred Program Option (check one only):

◯ Full Time (6 quarter) ◯ Part Time (11 quarter) ◯ LPN to RN (4 quarter full time)

Preferred Application Cycle (check one only):

◯ Jan 15 - Apr 3 for **Fall Term** ◯ Nov 15 - Jan 10 for **Spring Term** ◯ Aug 15 - Oct 3 for **Winter Term**

◯ **All my prior courses have been taken at a College or University listed in the Equivalence Chart.**

If checked, you do not need to fill out the second page of this form.

◯ **Some or all of my prior courses are NOT listed in the Equivalence Chart.**

If checked, please fill out the second page of this form with the courses you have completed at other institutions.

Please submit this form to transcriptevaluation@shoreline.edu

Official Transcripts (college-sealed envelope) are mailed to:

Shoreline College
Attn.: Credential Evaluations
16101 Greenwood Ave. N.
Shoreline, WA. 98133

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Review of Course Equivalence Form

To be completed by student							Office Only
Required Gen Ed Course - Shoreline	**Prior College Name**	**Equivalent Course Name and Number Taken at Prior College**	**Quarter or Semester?**	**Year Taken**	**Credits Earned**	**Grade Earned**	**Approved?**
ENGL& 101 English Composition							
CHEM& 121 Chemistry							
BIOL& 241 Human Anatomy & Physiology I							
BIOL& 242 Human Anatomy & Physiology II							
PSYC& 200 Lifespan Development							
NUTR& 101 Human Nutrition							
BIOL& 260 Microbiology							
MATH& 146 Statistics							

Office Use Only:

Date Received_____ **Date Results Sent Via Email**_____

Shoreline Community College is committed to nondiscrimination and to providing access and reasonable accommodation in its services, programs, and activities for individuals with disabilities. To request disability accommodation contact Student Accessibility Services, at least ten days in advance at: 206.546.4545, or e-mail at sas@shoreline.edu.