

\*\*\* After completing the upper portion, save this page and email it to your Program Director. \*\*\*

Student Name \_\_\_\_\_ Student ID# \_\_\_\_\_

Date \_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_  
m/d/yyyy

**Admitted SHP Program**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Clinical Laboratory Science | <input type="checkbox"/> Diagnostic Imaging            | <input type="checkbox"/> Medical Dosimetry            |
| <input type="checkbox"/> Cytogenetic Technology      | <input type="checkbox"/> Diagnostic Medical Sonography | <input type="checkbox"/> Molecular Genetic Technology |
| <input type="checkbox"/> Cytotechnology              | <input type="checkbox"/> Health Care DDA               | <input type="checkbox"/> Radiologic Sciences          |
| <input type="checkbox"/> Diagnostic Genetics         | <input type="checkbox"/> Histotechnology               | <input type="checkbox"/> Radiation Therapy            |

**I request EQUIVALENCY CREDIT for the following course in THE SCHOOL OF HEALTH PROFESSIONS:**

Course # \_\_\_\_\_ Course Title \_\_\_\_\_ Credits \_\_\_\_\_

**Courses petitioning for EQUIVALENCY CREDIT:**

Transferring School \_\_\_\_\_ City/State \_\_\_\_\_

Course # \_\_\_\_\_ Course Title \_\_\_\_\_

Credits \_\_\_\_\_ Grade \_\_\_\_\_ Date Completed \_\_\_\_\_ m/d/yyyy

Course # \_\_\_\_\_ Course Title \_\_\_\_\_

Credits \_\_\_\_\_ Grade \_\_\_\_\_ Date Completed \_\_\_\_\_ m/d/yyyy

\*\*\* For each course, submit a Syllabus that contains a Course Description, Objectives, Content Outline, and Class Schedule.  
Recommended items to submit include the course textbook information and documents including Handouts, Class Notes, Assigned  
Papers, Care Plans, etc. \*\*\*

\*\*\*\*\*

**FOR OFFICE USE ONLY**

FULL APPROVAL ☐ PARTIAL APPROVAL ☐ # of Credits \_\_\_\_\_ DENIED ☐

\_\_\_\_\_  
Signature of Faculty Member Reviewing Course

\_\_\_\_\_  
Date m/d/yyyy

\_\_\_\_\_  
Signature of Program Director

\_\_\_\_\_  
Date m/d/yyyy

\_\_\_\_\_  
Signature of Dean

\_\_\_\_\_  
Date m/d/yyyy

Comments

**FACULTY ASSESSMENT OF EQUIVALENCY OF HEALTH SCIENCES CONTENT**

(To be completed by Faculty)

Does this course cover the subject matter of the SHP course?

Yes ☐

Very Similar ☐

No ☐

Comments, including topics not covered

Is the proportion of time spent on each topic equivalent to the SHP course?

Yes ☐

Very Similar ☐

No ☐

Comments

Is the content depth equivalent to the SHP course?

Yes ☐

Very Similar ☐

No ☐

Comments

Is there subject matter taught which is not covered in the SHP course?

Yes ☐

Very Similar ☐

No ☐

Comments, including topics not covered

Are the written assignments required by the SHP course addressed in the same or similar way in the student's course?

Yes ☐

Very Similar ☐

No ☐

Comments

**FINDINGS:**

- ☐ This course material reflects content equivalent to the course at UT-MDA.
- ☐ This course partially meets the criteria of the UT-MDA course.
- ☐ This course does not meet the criteria of the UT-MDA course.
- ☐ Insufficient material for reasonable evaluation of course.

RECOMMENDATIONS:

- ☐ Grant equivalency credit.
- ☐ Do not grant equivalency credit.
- ☐ Grant partial equivalency credit for the following number of credit hours \_\_\_\_\_

Comments on PARTIAL equivalency

---

Signature of Faculty Member Reviewing Course Equivalency

---

Date *m/d/yyyy*