

**Life Science Department Equivalency Form: Nursing and Allied Health**

**PLEASE FOLLOW THESE INSTRUCTIONS CAREFULLY:**

- Complete **ONLY** the upper portion of this form (in the box marked 'Student completes...').
- Submit a copy of your **transcripts** (unofficial) listing the course title, grade and term/year the course was completed.
- If the course was taken at a college or university **OTHER THAN LBCC**, obtain a copy of the **catalog description** for each Science course for which you are requesting equivalency.
- Include a **stamped, self-addressed envelope** to receive a copy of the final evaluation form.
- **Submit to Heather Dy, Life Science Department Head, at hdy@lbcc.edu.**

***Student completes this portion:***

LBCC Student ID #: _____		Today's Date: _____						
Have you applied to a Nursing and/or Allied Health program?		YES <input type="checkbox"/>	NO <input type="checkbox"/>					
<b><u>For which of the following programs do you seek course equivalency?</u></b>								
<input type="checkbox"/> Diagnostic Medical Imaging	<input type="checkbox"/> Nursing: Associate Degree Nursing (RN)							
<input type="checkbox"/> Medical Assisting	<input type="checkbox"/> Nursing: LVN to RN (Career Ladder)							
<input type="checkbox"/> Medical Transcription	<input type="checkbox"/> Nursing: Vocational							
Your Name and Mailing Address: _____		Phone number: _____						
_____								
_____								
_____								
Course(s) taken at (name of college or university): _____								
Course Number(s) and Title(s):					Units:	Term:	Year:	Grade:
_____					_____	_____	_____	_____
_____					_____	_____	_____	_____
_____					_____	_____	_____	_____
For which LBCC course(s) are you seeking equivalency? (Anatomy 1, Physiology 1, Biology 2, Anatomy 41, etc.)								
_____					_____			
_____					_____			

***Department Chair/Designee completes this portion:***

Course(s) above will waive \_\_\_\_\_ at LBCC.

Equivalency for an LBCC course is **not** granted.

Reason: \_\_\_\_\_

Department Chair \_\_\_\_\_ Date \_\_\_\_\_

Department Head Designee \_\_\_\_\_ Date \_\_\_\_\_