

**THE UT-MD ANDERSON SCHOOL OF HEALTH SCIENCES
PETITION FOR EQUIVALENCY CREDIT**

(Documents that may be submitted: Syllabus: Course Description, Objectives, Content Outline, Class Schedule; Handouts, Class Notes, Assigned Papers, Care Plans, etc.; Textbook)

Student name: _____ **Student SSN#** _____

Date: _____ **Daytime phone or pager** _____

Program: **Clinical Laboratory Science** _____ **Cytogenetics** _____ **Cytotechnology** _____ **Diagnostic Imaging** _____
Histotechnology _____ **Medical Dosimetry** _____ **Molecular Genetics** _____ **Radiation Therapy** _____

I REQUEST EQUIVALENCY CREDIT FOR UT MD ANDERSON COURSE:

Course #	Title of Course	Cr. Hrs.

TRANSFERRING SCHOOL: _____

Course #	Title of Course	Cr. Hrs.	Grade	Date Completed

**** After completing the upper portion, return this page to your Program Director. ****

FOR OFFICE USE ONLY . . .

FULL APPROVAL _____ **PARTIAL APPROVAL** _____ **DENIED** _____
Credits

Signature of Reviewer/Program Director _____ Date

Signature of Dean _____ Date

Comments:

FACULTY ASSESSMENT OF EQUIVALENCY OF HEALTH SCIENCES CONTENT

(To be completed by Faculty)

THEORY COURSE	YES	VERY SIMILAR	NO	COMMENTS
Does this course cover the subject matter of the UT-MDA course? List topics not covered: _____ _____ _____ _____				
Is the proportion of time spent on each topic equivalent to the UT-MDA course?				
Is the content depth equivalent to the UT-MDA course?				
Is there subject matter taught which is not covered in the UT-MDA course? List these topics: _____ _____ _____				
Are the written assignments required by the UT-MDA course addressed in the same or similar way in the student's course?				

FINDINGS:

Insufficient material for reasonable evaluation of course. _____

This course material reflects content equivalent to the course at UT-MDA. _____

This course does not meet the criteria of the UT-MDA course. _____

This course partially meets the criteria of the UT-MDA course. _____

RECOMMENDATIONS:

Grant equivalency credit. _____

Do not grant equivalency credit. _____

Grant partial equivalency credit (Please indicate # of credit hours
for which you are granting partial credit.) _____

If partial equivalency credit is granted, use this space for faculty comments:

Faculty Signature

Date