

**Southwest Washington Consortium
CTE Plan II Teacher Preparation Program****Transcript Review Request Form****INSTRUCTIONS:**

Teacher candidates who are going through the CTE Teacher preparation courses may request the Program Administrator review previous coursework and determine if it is equivalent to and may be substituted for the Program of Study required by the Southwest Washington Consortium. There is a \$160 fee for transcript review which may be applied for credit to any course taken. The following is the request process:

1. Complete the attached Transcript Review Request Form.
2. Attach transcripts as well as any further documentation you would like to have considered. This may include course syllabi, outlines, and descriptions.
3. Return the completed form and documentation with payment to:

Jill Neyenhouse
Program Administrator
12200 NE 28th St.
Vancouver, WA 98682
(360)604-1074

The transcripts and supporting documentation will be reviewed for course equivalency. Please allow 2 weeks for completion of the review. If the documentation provided is insufficient to grant equivalency, you may be asked for further evidence. You will receive a written Program of Study documenting the coursework waived. If you are able to provide further documentation of additional coursework, you may resubmit your request without additional fees.

Transcript Review Request Form

Contact Information:

Name: _____ Date: _____

Address:
City, State, ZipHome Phone: _____ Work Phone: _____ Cell: _____
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Email: _____

Complete the following information and identify which course(s) you request be evaluated for equivalency. Attach addition documentation and transcripts.

Waiver Requested	SWC Course	Equivalent Course Title	Year Taken	Where Taken	Number of Credits	Documentation <i>in addition</i> to transcript attached
<input type="radio"/>	Elements of Teaching					<input type="radio"/>
<input type="radio"/>	Practicum					<input type="radio"/>
<input type="radio"/>	General Safety					<input type="radio"/>
<input type="radio"/>	Issues of Abuse					<input type="radio"/>
<input type="radio"/>	Advanced Instructional Techniques					<input type="radio"/>
<input type="radio"/>	Course Organization & Curriculum Design					<input type="radio"/>
<input type="radio"/>	School Law					<input type="radio"/>
<input type="radio"/>	Coordination Techniques					<input type="radio"/>
<input type="radio"/>	Student Leadership Development					<input type="radio"/>
<input type="radio"/>	Philosophy of CTE with Occupational Analysis					<input type="radio"/>

I attest that the information provided is accurate and fairly represents my previous coursework. I understand that falsification of any information provided may lead to removal from the program.

Signature: _____ Date: _____