**REQUEST FOR COURSE-EQUIVALENCY CREDIT**

**PART I (To be completed by Coordinator/Faculty-**

 **designated by Instructional Dean)**

QCC Course Prefix and Number:

Date of Request:

High School:

Instructional Dean:

QCC Coordinator/Faculty:

QCC Course Title:

 Summarize the goal of the course and attach current

 course description from college catalog:

 Summarize instructional objectives and list student

 learning outcomes expressed in measurable terms (see

 attached sample):

1. INSTRUCTIONAL OBJECTIVE:

MEASURABLE STUDENT OUTCOME(S): \_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_

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