

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.
- **Submit to Robyn Arias, Life Science Department Head, at rarias@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"/>	
For which of the following programs do you seek course equivalency?				
<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 _____