



Certification of Course Equivalency

Student's Name _____

RE: Dominican Course _____
(course #, title, name of instructor)

I certify that _____ has fulfilled the competency requirements for my course listed above by:

1. Successfully completing _____
(course #, title, units)

(institution, date, grade)

2. Other _____

Dominican College Instructor's signature

date

NOTE: The Board of Behavioral Sciences requires graduate level courses from an approved institution for each of their required content areas.

Student's signature

Chairperson, Dept. of Counseling Psychology

date