



Preliminary Course Equivalency Form

Student's Name _____

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

Course to be substituted: _____
(title, institution, units)

Date to be taken: _____

Reason: _____

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

NOTE: Upon completion of above course, student must file a "Certification of Course Equivalency" form, in the Department of Counseling Psychology office.