

SACCP Transcript Submission: Equivalency Form

Student Name: _____ ID# _____

Transcript from: _____

Student is requesting to have the following courses waived:

Course Code & Title of Transfer Course	Number of Units of Transfer Course	Course Code & Title of University College Course	Syllabus Attached Yes No Or Brief Course Description

Institutional Use Only

We have had a student submit a transcript from another institution. We need your assistance to determine any Equivalencies to a University College Substance Abuse Certification course.

Reviewer: _____

<p>Course: _____</p> <p>Is equivalent to (specify course) _____</p> <p>Is NOT equivalent to any UOP Substance Abuse Certification course</p> <p>Other (please explain): _____</p>	<p>Course: _____</p> <p>Is equivalent to (specify course) _____</p> <p>Is NOT equivalent to any UOP Substance Abuse Certification course</p> <p>Other (please explain): _____</p>
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Reviewer Signature: _____

Date of Review: _____