

COURSE COMPARABILITY REQUEST FORM

INSTRUCTIONS: Applicant to complete all items in **Blue**; information **must** be typed directly on this form. Attachments **will not** be accepted. **INCOMPLETE/INCORRECT forms will be returned.**

Please allow 4 - 6 weeks for review and processing.

Course Comparability Request (Please type)		Date:
Educator Name		
Date of Birth		
Certificate Requested		
School District/ Charter School <i>(if applicable)</i>		
For DDOE Use Only:		
Regulation		

Use this section for **PREAPPROVAL** of proposed content/course alignment **not already completed**. Add additional rows if needed.

Regulation Requirement (one per line)	University Name/Course #, Month and Year Completed (one per line)	Course Title & Description from university catalog (one per line)	For DDOE use ONLY: Approved by Initials & DOE Department

Use this section for **APPROVAL** of proposed content/course alignment **already completed**. Add additional rows if needed.

Regulation Requirement (one per line)	University Name/Course #, Month and Year Completed (one per line)	Course Title & Description directly from college/university/provider catalog (one per line)	For DDOE use ONLY: Approved by Initials & DOE Department

EMAIL WORD DOCUMENT TO LICENSURE & CERTIFICATION
deeds@doe.k12.de.us

Licensure & Certification Office
Collette Education Resource Center
35 Commerce Way, Suite 1
Dover, DE 19904

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Completed by DDOE Specialist: For courses NOT approved, please provide an explanation below that can be shared with the educator:

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