McGill University Counselling Psychology Equivalence/Exemption Form

Student:	
ID:	
for provid	who request that a course be considered for equivalence in their program are responsible ding the information below and obtaining the required signatures. The steps in ang equivalence are as follows:
(i)	Answer questions 1-3 below.
(ii)	Submit this form along with the syllabus (see#3) to the instructor named in #3.
(iii)	The instructor should indicate by signing below agreement that the completed course is equivalent to the McGill course.
(iv)	Submit this form together with the syllabus and copy of the relevant transcript to the
	Director of Training for final signature, along with a copy of the McGill Transfer
	Credit Form available here:
	http://www.is.mcgill.ca/wfiles/SIS/transfer_credit_form.pdf
1. T	he course for which equivalence is requested.
	Course Name:
	Course#:
	Number of credits:
2. C	ourse which has already been completed.
	Name of institution:
	Course Name:
	Course#:
	Number of credits:
3. N	ame of the most recent instructor of the course for which equivalence is requested.
	Name:

Λ	n
Э	J

Document Check List	
Please check the box to the left and attach (a) a copy of completed and (b) a copy of the transcript for the cou	
Instructor's name:	
Instructor's signature:	Date:
Training Director's name:	
Training Director's signature:	Date: