



FOR OFFICE USE ONLY

Course taken within past 5 years       Not exceeding 5 courses in total

Agent: First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Date: \_\_\_\_\_

APPLICATION FOR COURSE EQUIVALENCY

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Student Number: ACSA \_\_\_\_\_

I am applying for \_\_\_\_\_ ACSA Course equivalent.

DETAILS OF EQUIVALENT COURSE TAKEN

Course Name: \_\_\_\_\_

Duration: \_\_\_\_\_ hours      Date Completed: \_\_\_\_\_

Institution / Course Provider: \_\_\_\_\_

Exam / Test taken after the course? Yes  No

Please describe how the course equivalency is met – provide topics covered in the course, main learning objectives, key takeaways, etc. Please refer to the ACSA Course Descriptions.

Large empty box for describing course equivalency.