Wisconsin Department of Public Instruction
EQUIVALENT OPTIONS FOR BUSINESS AND INFORMATION TECHNOLOGY / MARKETING
PI-1803-BMIT (Rev. 10-21)

INSTRUCTIONS: Via email submit **this signed form** and **supporting documentation** to: **DPIequivalency@dpi.wi.gov**

For questions regarding this form, send an email to **DPIequivalency@dpi.wi.gov.**
Applicants will be notified within 60 days for verification of receipt of equivalent application.

1. GENERAL INFORMATION

Participating School District	Participating High School	
Name of Contact Person *First and Last*	Contact Person Phone *Area/No.*	Contact Person Email Address
Mailing Address *Street, City, State, Zip*	Date Applying *Mo./Yr.*	Anticipated School Year *Yr.-Yr.*

2. DESCRIPTION OF EQUIVALENT COURSE

Equivalent Course Title	Course is Worth *Check .5 or 1 credit*
	☐ .5 credit ☐ 1 Credit

Provide a brief description of the proposed equivalent course. Best practice examples can be found at: *http://dpi.wi.gov/bit/equivalency.html*

3. EQUIVALENT VERIFICATION REQUIREMENTS

1. List of committee members and their titles.
2. Brief summary of the district Business and Information Technology/Marketing equivalent process.
3. Documentation of Business and Information Technology/Marketing equivalent course content/syllabus—with proposed instructional time documented.
4. Completion of the Business and Information Technology/Marketing crosswalk—how the crosswalk was used to develop the content of the equivalent course.

4. CERTIFICATION SIGNATURES

ON BEHALF OF THE BOARD OF EDUCATION, I HEREBY AFFIRM that the above-named equivalent course contains the time allotment and substantially the same objectives to develop the knowledge, concepts, and skills of the course for which the equivalent is proposed, consistent with s. 118.33, Wis. Stats., and Ch. PI-18 Wis. Admin. Code and subject to the state superintendent's approval.

Date Approved by Local School Board *Mo./Day/Yr.*	Signature of School Board President ➢	Date Signed *Mo./Day/Yr.*
Signature of High School Principal ➢		Date Signed *Mo./Day/Yr.*
Signature of District Administrator ➢		Date Signed *Mo./Day/Yr.*