



# Regional Apprenticeship Pathways (RAP) Equivalency Credit Form

2024-25 School Year

Student ID # \_\_\_\_\_ Student Name: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Counselor: \_\_\_\_\_

RAP certifies that the delineated quantity of equivalency instruction is embedded in the curriculum of the programs listed below for successful completion of **AN ENTIRE SCHOOL YEAR** of the program. The counselor determines the 3.0 credits (1.5 credits per semester) from the table below to be applied to the student's transcript, based on the student's High School and Beyond Plan and by reviewing graduation requirements the student needs to complete. More information can be found [HERE](#).

Regional Apprenticeship Pathways (RAP) Program	CTE No equivalency RPX153/154	English & CTE RPX161/162	Math – Third Year & CTE RPX157/158	Physical Education & CTE RPX159/160	Science – Lab & CTE RPX155/156
RAP 1	<input type="checkbox"/> 0.5 <input type="checkbox"/> 1.0	<input type="checkbox"/> 0.5 <input type="checkbox"/> 1.0	<input type="checkbox"/> 0.5 <input type="checkbox"/> 1.0	<input type="checkbox"/> 0.5 <input type="checkbox"/> 1.0	<input type="checkbox"/> 0.5 <input type="checkbox"/> 1.0

Regional Apprenticeship Pathways (RAP) Program	CTE No equivalency RPX253/254	English & CTE RPX255/256	Math – Third Year & CTE RPX259/260	Physical Education & CTE RPX257/258	Science – Lab & CTE RPX261/262
RAP 2	<input type="checkbox"/> 0.5 <input type="checkbox"/> 1.0	<input type="checkbox"/> 0.5 <input type="checkbox"/> 1.0	<input type="checkbox"/> 0.5 <input type="checkbox"/> 1.0	<input type="checkbox"/> 0.5 <input type="checkbox"/> 1.0	<input type="checkbox"/> 0.5 <input type="checkbox"/> 1.0

### Instructions:

1. Please check the course equivalency to be applied to the student's transcript, not to exceed 3.0 credits (1.5 credits per semester).
2. The student's high school counselor is required to approve and sign this form.
3. Return form to high school registrar for processing and filing in student's cumulative folder.

Counselor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**TO BE COMPLETED BY HIGH SCHOOL REGISTRAR**

Date added to student transcript: \_\_\_\_\_ Initials: \_\_\_\_\_