



# Autism Collaborative Endorsement (ACE) Course Equivalency Petition

To be submitted only after review of transcript and completion of the program authorization plan.  
The application will not be considered without sufficient documentation regarding course content.

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Address: \_\_\_\_\_  
(Number & Street) (City) (Zip Code)

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**ACE Category:**  Introduction  Language/Communication  Behavioral Issues  
 Instructional Interventions  Collaboration/Consultation

Course submitting as equivalent:

Course #	Title	University
#Credits	Grade	Date Completed

**Documentation Attached:**

- Syllabus
- Text ((Title, Author, Table of Contents only)
- Letter from the instructor describing the course content and assignments..
- Assignments
- Other ((Please Specify):

Action: \_\_\_Approved \_\_\_Denied \_\_\_Need additional documentation

Comments:

\_\_\_\_\_  
ACE Advisor University Date