



**MAJOR EQUIVALENCY REVIEW**  
 NORTH DAKOTA EDUCATION STANDARDS AND PRACTICES BOARD  
 SFN 53894 (04-2012)

ND Educator's Professional License Number

Social Security Number (no dashes)

--	--	--	--	--	--	--	--	--	--

or

--	--	--	--	--	--	--	--	--	--

Last Name, First Name, MI			Maiden Name		
Address					
City		State	Zip Code (9-digit)	ND College Student ID	
Home or Cell Telephone #	Work Telephone #	Date of Birth	Email Address		

Additional Coursework (attach updated transcript)	Test (attach Praxis score report)	Portfolio (attach signed form)	Advanced Degree (attach updated transcript)	NDUS Major Equivalency (attach updated transcript)

**If you selected the additional coursework option above, check the appropriate boxes below.**

Choral Music (8 SH)		Economics (12 SH)	
Instrumental Music (8 SH)		Geography (12 SH)	
Biology (12 SH)		Government (12 SH)	
Chemistry (12 SH)		History (18 SH)	
Earth Science (12 SH)		Psychology (6 SH)	
Environmental Science (12 SH)		Sociology (6 SH)	
Forensic Science (12 SH)		Drama (6 SH)	
Physical Science (12 SH)		Journalism (6 SH)	
Physics (12 SH)		Speech (6 SH)	

**Please sign below, attach applicable documentation, and submit the \$75.00 major equivalency review fee.**

Applicant:	Date
ESPB Reviewed by:	Date
Executive Director, ESPB	Date

Submit completed form, documentation, and fees to: **Education Standards and Practices Board**  
 2718 Gateway Ave, Suite 303  
 Bismarck ND 58503-0585  
 (701) 328-9641 office  
 (701) 328-9647 fax  
[www.nd.gov/esp](http://www.nd.gov/esp)

In compliance with the Federal Privacy Act of 1974, the disclosure of the individual's social security number on this form is mandatory pursuant to North Dakota Century Code (NDCC) 43-50-02. The individual's social security number is used by the ESPB as an identification number for file control purposes, background checks, and recordkeeping. ESPB does not advocate, permit, nor practice discrimination on the basis of sex, race, color, national origin, religion, age, or disability as required by various state and federal laws.

# Payment/Credit Card Information

This documentation will be destroyed upon completion of processing.

Type of Payment <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Check		Amount \$
Name as it appears on credit card		
Credit Card Number	3 digit CVV number (on back of card)	Expiration Date
Billing Address of credit card (if different than the mailing address)		