

**COURSE EQUIVALENCY – IC – CGS1100  
PRIOR LEARNING ASSESSMENT FORM**



**Eligibility:** Student requesting Prior Learning credit for course work or industry certification or other experience earned or awarded prior to or outside of enrollment at Palm Beach State College must be admitted to the receiving program and earn at least 25% of the program credit/clock hours before the PL credits are applied to the student's transcript. Exception: Students seeking internal course credit that does not transfer to other Florida institutions. (ex. CJK1933).

**08**

**Section 1 – To be completed by Student**

Date: \_\_\_\_\_  
 Student ID#: \_\_\_\_\_ Student Name: \_\_\_\_\_  
 Program Objective: \_\_\_\_\_  
 Program Name: \_\_\_\_\_  
 Catalog Year: \_\_\_\_\_ *In some cases, the catalog year listed on this form may need to be changed to make the prior learning credit fit the best for degree audit purposes.*

**ACTION REQUESTED:**

| Industry Certification        |                            |               | Equates with Program Course(s) |       |         |
|-------------------------------|----------------------------|---------------|--------------------------------|-------|---------|
| Name of Certification/License | Certification/License No.# | Date of Issue | Course No.                     | Title | Credits |
|                               |                            |               |                                |       |         |
|                               |                            |               |                                |       |         |
|                               |                            |               |                                |       |         |
|                               |                            |               |                                |       |         |

**Section 2 – Cashier's Office**

*Students requesting Prior Learning credit for course work earned prior to or outside of enrollment at Palm Beach State College must pay a \$50 processing fee.*

Student has paid \$ \_\_\_\_\_ per established fee schedule. Date: \_\_\_\_\_  
 (Student - Attach copy of fee receipt)

*Cashier-Misc. Receipt Code EL - Experiential Learning Fee*

**Section 3 – Signature Approval**

*Your signature affirms compliance with Academic Regulations. All signatures required.*

|                                           |               |
|-------------------------------------------|---------------|
| _____<br>Student                          | _____<br>Date |
| _____<br>Department Chair/Program Manager | _____<br>Date |
| _____<br>Academic Associate Dean          | _____<br>Date |
| _____<br>Academic Dean                    | _____<br>Date |

**Section 4 – Registrar Posting to Transcript**

Posted by: \_\_\_\_\_  
 Date Posted: \_\_\_\_\_ Term Posted: \_\_\_\_\_