COURSE EQUIVALENCY-IC
PRIOR LEARNING ASSESSMENT FORM

PALM BEACH STATE
COLLEGE

☐ Industry Certification to PSAV or Credit *(include copy of certification)*

ELIGIBILITY:
Student must be admitted to the program to which the credit/clock hours will apply and have earned at least 25% of the program credit/clock hours

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Section 1 – To be completed by Student

Date: _____

Student ID#: _____   Student Name: _____

Current 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.*

Section 2 – To be completed by Department

ACTION REQUESTED:

Industry Certification/License			Equates with PBSC Program Course(one course per form)		
Name of Certification/License	Certification/ License No.#	Date of Issue	Course No.	Title	Credits

*Credit is held in escrow until student has completed 25% of the credits required to complete the program. After this point the articulated credit will be posted to the student transcript.

JUSTIFICATION:

1. Please insert course description and course learning outcomes of transcript course and program course to verify equivalency. *(Palm Beach State Course learning Outcomes located at* http://www.palmbeachstate.edu/academicservices/curriculum-and-programs/course-outlines.aspx*)* (Certification/License should address at least 75% of the course CLOs.)

Industry Certification/License Training Description	Program Course Learning Description
Industry Cert/License Training Learning Outcomes	**Program Course Learning Outcomes**

2. List program learning outcomes this course equivalency meets. *(Program Learning Outcomes are located at:* *http://www.palmbeachstate.edu/learningoutcomes/program-learning-outcomes/)*

Outcome #	Program Learning Outcome

FACULTY CREDENTIALS

For transcript courses taught outside Palm Beach State College or the state of Florida, please list the credentialing criteria for instructors of the transcript course and those of the corresponding program course. *(Palm Beach State Credential Criteria located at http://www.palmbeachstate.edu/academicservices/information-and-reference/faculty-credentialing-tools/instructional-credentialing-criteria-manual.aspx)*

Industry Certification Trainer │ Credentialing Criteria	Program Cr. Instructor/Faculty│ Credentialing Criteria

ADDITIONAL COMMENTS (Provide any additional justification that will facilitate this award.)

Section 3 – Signature Approval

(All signatures affirms compliance with academic regulations.)

_____	_____
Student	Date
_____	_____
Program Manager	Date
_____	_____
Academic Associate Dean	Date
_____	_____
Academic Dean	Date

Section 4 – Cashier's Office

Student has paid $ _____ per established fee schedule. ($50 fee for PL processing)   Date: _____
   (Student - Attach copy of fee receipt)

Cashier-Misc. Receipt Code EL - Experiential Learning Fee

Section 5 – Registrar Posting to Transcript

The course in Section 2 has been posted to the student's transcript.

Posted by: _____

Date Posted: _____   Term Posted: _____

Rev. 8-26-15 KG