

**COURSE EQUIVALENCY - COLLEGE CREDIT FOR  
NON-PBSC ONLINE COURSES  
Prior Learning Assessment Form**



**Eligibility:** Per Florida Statute 1004.0961 and Rule 6A-14.0304, the student may request the evaluation of online coursework **prior to the first term of enrollment**. This is a student initiated process and the student has all responsibilities for presenting the requested documentation.

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

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

Date: \_\_\_\_\_ Current Program Objective: \_\_\_\_\_

*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.*

**COURSE ACTION REQUESTED:**

Online Course:			*To Equate with Program Course:		
Course No.	Title	Hrs/Credit	Course No.	Title	Hrs/Credit
Institution: _____			Institution: Palm Beach State College		

*\*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.*

**INTENDED PROGRAM OF STUDY**

The requested course is in the student’s intended program of study (program objective):

- YES
- NO (If no, form cannot be processed)

**JUSTIFICATION:**

- Please insert course description and course learning outcomes of online 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>)

Online Course Description	PBSC Course Description
Online Course Learning Outcomes	Equivalent PBSC Course Learning Outcomes

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- Please attach documentation of assessments, tests and grades that show attainment of the learning outcomes with a passing grade.

**FACULTY CREDENTIALS**

For online 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 – i.e., what qualifications did the online school require its faculty to have? (Palm Beach State Credentialing Criteria located at <http://www.palmbeachstate.edu/academicservices/Documents/sectionb.pdf>)

Online Course	Credentialing Criteria	PBSC Course	Credentialing Criteria

Please send this completed form and attached documentation to:

Dean, Curriculum, Planning & Research  
 Palm Beach State College – Mail Station 51  
 4200 Congress Ave.  
 Lake Worth, FL 33461

**SIGNATURE**

\_\_\_\_\_

Student

\_\_\_\_\_

Date

**Section 2 – To be completed by Dean CET**

**Dean of Curriculum & Educational Technology Review:**

I have reviewed the form and the student has presented the required materials and the course requested is in the student's intended program of study, and that the faculty credentialing requirements are equivalent:

YES (Process for faculty review)  
 Course Fulfills:  General Education  Program Core  Elective

NO (If no, return to student). Reason: \_\_\_\_\_

**SIGNATURE**

\_\_\_\_\_

Dean

\_\_\_\_\_

Date

**Section 3 – To be completed by Faculty**

**FACULTY REVIEW**

Faculty Name: \_\_\_\_\_

Discipline: \_\_\_\_\_

Date: \_\_\_\_\_

My review of the materials presented by the student are as follows:

<input type="checkbox"/>	I have determined the online course content and learning outcomes to be comparable to a course offered at Palm Beach State College. This online course meets the quality and accreditation standards intended for a transfer course, and the student has mastered the course learning outcomes. (Send to: Dean, Curriculum & Educational Technology, Mail Station #51).
<input type="checkbox"/>	I have determined the course <b>does not meet</b> the content and learning outcomes. (Send to: Dean, Curriculum & Educational Technology, Mail Station #51).

**SIGNATURE**

\_\_\_\_\_

Faculty

\_\_\_\_\_

Date

**Section 3 – 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 5 – Registrar Posting to Transcript**

The course in Section 1 has been posted to the student’s transcript:

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

Term Posted: \_\_\_\_\_