



Award of Experiential Credit

This form is for the assessment of licenses or certifications that are awarded as a result of non-collegiate training completed through a program which **is** accredited by a **CHEA/USDE approved accrediting agency**.

Process:

1. Please carefully complete the following form.
2. When completed, secure the signature(s) of both the impacted Program Director(s) and Department Chair(s). The impacted PD/DCs are those that are responsible for the content areas of the courses that you have identified as being eligible for the award of experiential credit for this licensure or certification.
3. Please submit this form to the Transfer Coordinator. The Transfer Coordinator will submit documentation to Academic Affairs for final signatures.

1. Name of the Certification License: _____

2. Was it issued by the State? Yes No

a. If 'No,' please identify the agency/organization through which the Certification or License was issued: _____

3. Does it need to be current? Yes No

a. If 'No,' indicate the number of years that may have passed since last renewal:

4. Please identify the CHEA/USDE agency that accredited the program

For Equivalencies to Goodwin College Courses

1. Complete the following table.
2. Identify the Course Code and Course Title for EACH course whose outcomes are met by the identified certification or license.
 - a. Direct equivalencies – course codes and titles that are in the Goodwin College catalog
 - b. Elective equivalencies – courses that are collegiate level and fit in a content area but for which there is no existing Goodwin course equivalent (for example, ENG 188 English Lower Level Elective). For elective equivalencies, indicate the number of credits assigned to each course.

Goodwin Course Code	Goodwin Course Title	Number of Credits

Equivalencies were reviewed and recommended by:

Name: _____ Title: _____

Signature: _____ Date: _____

Program Director/Department Chair Approval:

Program Director Signature: _____ Date: _____

Department Chair Signature: _____ Date: _____

If additional PD/DC signatures are warranted (see process box above)

Program Director Signature: _____ Date: _____

Department Chair Signature: _____ Date: _____

Chair of Tier I Academic Affairs Governance Committee

AAC Chair Signature: _____ Date: _____

Transfer Coordinator Approval:

Transfer Coordinator Signature: _____ Date: _____