SOUTHWEST
MINNESOTA STATE UNIVERSITY

Course Equivalency/Credit for Prior Learning

Last Name: First Name:

Mustang ID: E-Mail:

Expected Licensure Completion Term:

SMSU PROGRAM REQUIREMENTS Department & Course # | Course Title	**COURSE EQUIVALENCY** Department & Course # | Course Title **PRIOR LEARNING EXPERIENCE** Title of Experience | Name of District| Completion Date

APPROVED BY:

ADVISOR: Reviewed within the student teaching application.

SMSU CERTIFICATION OFFICER: DATE:
*Reviewed prior to licensure.