



**Course Equivalency/Credit for Prior Learning**

Mustang ID: \_\_\_\_\_ Expected Licensure Completion Term: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

E-Mail: \_\_\_\_\_

<b>SMSU PROGRAM REQUIREMENTS:</b> Dept. & Course # Title	<b>COURSE EQUIVALENCY:</b> Dept. & Course # Title <b>PRIOR LEARNING EXPERIENCE:</b> Title of Experience

APPROVED BY:

ADVISOR: Reviewed within the student teaching application.

SMSU CERTIFICATION OFFICER: \_\_\_\_\_

\*Reviewed prior to licensure.