



MIAMI DADE COLLEGE
REQUEST TO AWARD COLLEGE CREDIT PER STATEWIDE ARTICULATION AGREEMENT:
INDUSTRY CERTIFICATION TO ASSOCIATE IN SCIENCE (AS) DEGREE

| | | | |
|-----------------------|------------------------------|-----------------------------|-------|
| Student Name: | | MDC ID#: | |
| AS Degree: | Clinical Laboratory Sciences | Degree Program Code: | 23024 |
| Email Address: | | Daytime Phone: | |
| MDC TMOP Procedure #: | 1100:815846 | | |

The Florida Department of Education approved statewide Career and Technical Education articulation agreements which are based on industry certification. The complete list of these approved agreements is accessible online at http://www.fldoe.org/workforce/dwdframe/artic_indcert2aas.asp.

Through this agreement, Miami Dade College will award college credit to eligible students who have earned the appropriate industry certification to be applied towards the specific Associate in Science (AS) Degree. No fees will be charged for the transaction (other than the admissions application fee), and a grade of “S” will be awarded for the articulated credit.

This agreement makes it possible for an eligible student who provides a valid industry certification to receive college credits towards an AS degree as described on page 2 of this form.

Admission Requirements:

Students entering the above Associate in Science program must:

1. Meet college admissions requirements (see: <https://sisvsr.mdc.edu/admission/>).
2. Complete MDC’s Admission Application and pay the admissions application fee.
3. Meet the requirements of college placement testing and prerequisites of the program.

Instructions:

Upon admission to Miami Dade College (MDC) and enrollment in the program of study to which the articulated credit will apply, students who hold a current, valid industry certification that was issued within three (3) years prior to enrollment in the AS degree program associated with the industry certification—as required by articulation agreement—can request the award of articulated credit toward the appropriate MDC Associate in Science (AS) degree, as follows:

1. Complete, sign and date this form. The request will not be processed without all sections completed, including signatures.
2. Click on http://www.fldoe.org/workforce/dwdframe/artic_indcert2aas.asp, and print the agreement that pertains to this request. Note that only one agreement per request can be accepted, unless you have multiple industry certifications that apply to the same AS degree. Also, credit will not be awarded for course(s) in which students have already been given credit or are currently enrolled.
3. Present your picture ID and the original, along with a legible photocopy, of the current, valid industry certification(s) relevant to this request to the office of the dean or program chairperson/director in the department associated with the AS degree program. If you do not know the department, please contact the Academic Programs Office at (305) 237-7479.
4. The dean and/or program chairperson/director will review the documentation and verify that you have met the required criteria for the credit to be awarded per the articulation agreement.
5. Once this request has been approved, both the dean and program chairperson/director will sign this completed form, with the attached required documentation (**see top of page 3 of this form**) (including a legible photocopy of the industry certification), and forward the entire packet to the Campus Admissions/Registration Office. If accepted, packet will be forwarded to Transcript Evaluations Office for processing.

**SCHOOL OF HEALTH SCIENCES
TABLE OF DEGREES AND INDUSTRY CERTIFICATIONS**

Instructions: On the table below, place an "X" in the column next to the Industry Certification that you are submitting and requesting college credit. Indicate the date the certificate was issued and the term in the correct area on the table.

| Name of AS Degree/Program Code: Clinical Laboratory Sciences/23024 | | | | | | | |
|--|--|-----------|--------------------------|--|---------|-----------------------------------|------------------------|
| Mark "X" | Industry Certification Name | Cert Code | College Credit Course(s) | | Credits | Certificate Issue Date (MM/DD/YY) | Term Credits Requested |
| | | | ABRV/Num | Course Title | | | |
| | Registered Phlebotomy Technician (RPT) | AMEDT005 | MLT 1040L | Intro to Medical Laboratory Technology | 1 | | |
| | | | MLT 1210C | Clinical Urinalysis with Lab | 2 | | |

| | |
|--|---------------------|
| Student's Signature: | Date Signed: |
| By signing above, the student certifies that the information provided herein is true and correct, and agrees that if approved and processed, the articulated credit(s) will be awarded to the student's academic record. | |

Process for awarding credit:

1. The student requesting credit must complete the ***"Request to Award College Credit per Statewide Articulation Agreement: Industry Certification to Associate in Science (AS) Degree"*** form and provide a legible copy of the related Industry Certificate.
2. Show evidence that their industry certificate has been issued within three (3) years prior to their enrollment in the program to be eligible for articulation.
3. The articulated credit under this agreement may **only** be applied toward the indicated AS degree.
4. The Program Chairperson/Director from the School and the Discipline Dean will evaluate the student's industry certification, determine the eligibility, and notify the Campus Admissions/Registration Office of acceptable credit to be awarded by approving/signing the ***"Request to Award College Credit per Statewide Articulation Agreement: Industry Certification to Associate in Science (AS) Degree"*** form.
5. The Campus Admissions/Registration Office will follow the process to have the college credit posted on the student's academic transcript.

Transcript Remark:

College credit awarded in accordance with the ***Articulation Agreement for the Award of College Credit for Statewide Industry Articulation Agreement*** for the Associate in Science degree per MDC Procedure # 1100:815846.

| | |
|---|---|
| Place an "X" in the box for the documents included in packet at the time of submission: | |
| <input type="checkbox"/> | Completed "Request to Award College Credit per Statewide Articulation Agreement: Industry Certification to Associate in Science (AS) Degree" Form |
| <input type="checkbox"/> | Copy of Florida Department of Education Statewide Articulation Agreement Industry Certification to AAS/AS Degree Program for the identified Certification |
| <input type="checkbox"/> | Legible photocopy of the current valid industry certification |

 Name of MDC Employee Who Received Packet from Student
 (Print legibly.)

 By initialing above, I certify that
 the copy is a true image of the
 original certificate.

 Date Received

| DEPARTMENT VERIFICATION AND DECISION | | |
|--|--|---|
| Mark an "X" in the appropriate box: | | |
| <input type="checkbox"/> | APPROVED | This request has been <u>approved</u> because the information herein and documentation attached have been verified as accurate, valid and applicable to this request, and the student has been admitted to the AS degree specified. |
| <input type="checkbox"/> | DENIED | This request has been <u>denied</u> for the following reason(s): |
| | <input type="checkbox"/> | Unacceptable documentation |
| | <input type="checkbox"/> | Expired Certificate |
| | <input type="checkbox"/> | Student not admitted in related MDC AS program code |
| | <input type="checkbox"/> | Student not enrolled in courses |
| | <input type="checkbox"/> | Cannot award credit in term requested |
| | <input type="checkbox"/> | Other (please specify) : |
| | | |
| | | |
| Program Chairperson/Director's Name | Program Chairperson/Director's Signature | Date Signed |
| | | |
| Dean's Name | Dean's Signature | Date Signed |
| Date student notified of decision: | | |
| Date completed packet forwarded with department verification and decision: | | |
| Specify the Campus Admissions and Registration Office where packet was sent: | | |

| CAMPUS ADMISSIONS/REGISTRATION OFFICE | | |
|---------------------------------------|--------------------------|---|
| Date Received: | | |
| Mark an "X" in the appropriate box: | | |
| <input type="checkbox"/> | ACCEPTED | This request has been <u>accepted</u> because the information herein and documentation attached have been verified as accurate, valid and applicable to this request, and the student has been admitted to the AS degree specified. |
| <input type="checkbox"/> | RETURNED UNPROCESSED | This request was <u>returned unprocessed</u> for the following reason(s): |
| | <input type="checkbox"/> | Unacceptable documentation (including illegible documents) |
| | <input type="checkbox"/> | Expired Certificate |
| | <input type="checkbox"/> | Student is not admitted in related MDC AS degree |
| | <input type="checkbox"/> | Student not enrolled in courses |
| | <input type="checkbox"/> | Signature(s) missing |
| | <input type="checkbox"/> | Cannot award credit in term requested |
| <input type="checkbox"/> | Other (please specify): | |
| | | |