**Occupation Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Occupation Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Training Dates:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Source:**  ACE Military Guide

**Date of Access:** Click here to enter a date.

Before completing this worksheet reference the American Council on Education Military Guide site listed above. There are instructions for completing this form available at: <https://www.tn.gov/thec/bureaus/academic-affairs-and-student-success.html> This site also contains instructions for understanding military occupations and the ACE evaluation process.

**Credit Recommendation:**

* **Yes, credit recommendation:** Learning is equivalent to specific course(s) at my institution.
* **No credit recommendation: not enough information** available to determine if credit is equivalent to coursework at my institution.
* **No credit recommendation:** **does not meet minimal standard** for awarding credit towards a course at my institution.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **American Council on Education Recommendation** | | | |  | **TCAT Credit Evaluation** | | | | |
| **Recommendation** | **Number of Credits by Skill Level, Rate, or Rank** | | |  | **Equivalent Course of Study** | | **Skill Level**  **(input clock hours)** | | |
| **30** | **40** | **50** |  | **Course** | **Program of Study** | **30** | **40** | **50** |
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**Credit mapping worksheet:** The recommendation column on the far left are for inputting recommendations from the American Council on Education Military Guide. These are the selected course recommendations to evaluate for equivalent courses from TCAT institutions. List any equivalent courses, clock hours, and the associated program of study in the columns on the right.

**Provide any notes relevant to your evaluation of this military occupation.**

|  |
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Occupation Evaluation Cover Sheet

|  |  |
| --- | --- |
| **Credit decisions apply to academic years:** |  |
| **Cover sheet prepared by:** |  |
| **Date of evaluation:** |  |
| **List the occupation titles included in this packet:** |  |

This evaluation process is designed to be completed to the standards of the Council on Adult and Experiential Learning. For the occupation titles listed above, please attest to the following statements concerning the process of evaluation, by placing initials to the left of the statement:

|  |  |
| --- | --- |
|  | The evaluation team included faculty members representing the academic discipline in which courses identified as equivalent to military service are offered. |
|  | The evaluation team included representatives with delegated authority to make decisions on the institution’s curriculum. |

|  |  |
| --- | --- |
|  | There is evidence that learning (not just work, training, and experience) occurred as a part of the evaluated military experience |
|  | The learning that occurred as part of the evaluated military experience meets the standard for awarding credit at my institution, as listed in the most recent course catalog. |
|  | The learning is equivalent in nature to specific courses at my institution. |

Use the space below to list the faculty members who contributed to this evaluation below, along with an institutional representative with authority to accept curriculum decision.

|  |  |  |
| --- | --- | --- |
| **Evaluators:** |  | **Prepared by:** |
|  |  |  |
|  |  | **Evaluations approved by:** |
|  |  |
|  |  |  |
|  |  | **Date of approval:** |