

Credit for Prior Learning Application



Complete an application for each course

Student's Name: _____ Term _____

Email: _____

Empl ID: _____ Birth Date: _____

Course for which credit is to be awarded:

Course Subject ex (COMM) _____ Course # _____ Course

Title _____

Credits _____ Grade _____

Competency in the aforementioned course was determined through: (Select one)

___ ACE recognized training/certificates

___ Experiential Learning Portfolio

___ Challenge Exam

Student Signature

Date

Department Chair Signature

Date

Director for Extended Learning

Date

For Office Use Only

Date Payment Processed:

Date credits posted:

Term Posted to: