



Petition For Credit For Prior Learning

Action on any request is not complete until all signatures are obtained. The student requesting this examination is responsible for securing signatures. When action has been completed, the student copy will be mailed to the home address and the original will be placed in the student's file.

Please print or type:

Date of request _____ Colleague ID number _____

Name _____

City _____ State _____ ZIP _____

I request a ☐ proficiency examination ☐ portfolio assessment ☐ credential evaluation be administered for the following course:

Dept.	Course no.	Course title	Credits
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Advisor initials and date	Student's signature	Date
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State reasons:

Chairperson or Dean's approval

Signature: _____

Date: _____

For Business Office Use Only

Fee received: \$50 per credit hour (non-refundable)

Signature: _____

Date: _____

Credit for this course is awarded after successful completion of the assessment.

- ☐ Met course requirement
☐ Did not meet course requirement

Instructor

(Print Name)

(Signature)

Department Chairperson

(Print Name)

(Signature)

Date: _____

Area Dean

Approved

Disapproved

Signature: _____ Date: _____

Distribution: White - Student file
Yellow - Student copy