



## 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:

### Approval to begin assessment (Chairperson or Dean)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### For Business Office Use Only

Fee received: \$50 per course (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