



PRIOR LEARNING APPLICATION

Student Name: _____ **Student ID:** _____

Email: _____ **Phone:** _____

Course Number: _____ **Course Name:** _____

Pathway	Prior Learning	LIT Fees
1	Transfer of Military Training	No Fee
2	Professional Work Experience	\$50 per semester credit
3	DSST, CLEP & AP	\$20 non-refundable service fee. Additional testing fees apply.
4	Department Challenge Exam	\$50 per semester credit
5	Continuing Education Unit to SCH	\$25 per college course
6	Licensure and Professional Credential	\$50 per semester credit
7	Career Education or Vocational Training	\$50 per semester credit

Step One: Prior Learning Evaluator

Name: _____ Office Location: _____

E-mail: _____ Phone: _____

Pathway: _____ Fee: _____

Prior Learning Evaluation Request: Approved ____ Denied ____

Department Chair Signature: _____ Date: _____

Step Two: Payment Verification (attach receipt)

Cashier Signature: _____ Date: _____

Return this form, with the receipt attached, to the Department Chair in order to schedule the Prior Learning Evaluation.

Step Three: Prior Learning Evaluation Results

Upon review of the attached documentation, portfolio, and/or assessment, and in accordance with the guidelines stipulated in the Prior Learning Assessment Handbook, I have determined the student (____ meets) (____ does not meet) the requirements to receive credit for the course listed above.

Faculty Evaluator Signature: _____ Date: _____

Department Chair Signature: _____ Date: _____

Prior Learning Approval:

Dean of Instruction Signature: _____ Date: _____

Provost Signature: _____ Date: _____

Note: Once the application has attained all signatures, copies and supporting documentation will be filed in the Registrar Office.