



**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.

Evaluator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Prior Learning Approval:**

AVP of Student Academic Success Signature: \_\_\_\_\_ Date: \_\_\_\_\_