



# Prior Learning Credit Application

Name:		TCID:	
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Phone:	
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Credit Type Requested			
Local Exam	<input type="checkbox"/>	Professional Exam	<input type="checkbox"/>
Military Transcript	<input type="checkbox"/>	Industry/Professional Certificate	<input type="checkbox"/>

Payment Received? <input type="checkbox"/>	Receipt #
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List Courses for which you are requesting Prior Learning Credit			
Prefix	Number	Title	Credit Hours

**By signing this application for Prior Learning Credit, I am aware of the process included for the above mentioned assessment methods**

- I understand that credit is not guaranteed
- I understand that official documentation is required before equivalent credit based on prior learning will be awarded
- I understand that Prior Learning Credit may not be transferable; I take full responsibility for any transfer planning and I will look into this matter directly with the transferred school(s) concerned
- I agree to pay applicable fees per credit hour for prior learning credit(s) plus a \$50.00 application fee
- I understand that prior learning credits do not count toward residency requirements for graduation
- I understand that some prior learning credits are not used to calculate GPA. A 2.0 GPA must be earned on remaining coursework for graduation

Student Signature: _____	Date: _____
Program Dean: _____	Date: _____
VP of Instruction: _____	Date: _____
Program Coordinator: _____	Date: _____