**Prior Learning Credit Application**

**Section A: Student Section**

***Instructions:* Complete a separate application for each course. Submit application to your program advisor.**

Name: E-Mail:

EMPLID:

Course:

Indicate the method by which assessment of prior learning credit is appropriate:

Military transcript evaluation Experiential Learning Portfolio

CLEP exam; other credit by exam Professional Training/Certificate/License

By signing this application for prior learning credit, I verify that I am aware of the process and related fees for the selected assessment method. In addition,

* I agree to work with my advisor and the prior learning facilitator to provide evidence of prior learning commensurate with a college course.
* I understand the credit is not guaranteed, and I resolve to pay all fees associated with the selected prior learning assessment method.
* I know that I must be enrolled in a DCB program and have completed (or be registered for) 15 credits of coursework from DCB to earn prior learning credit.
* I understand that prior learning credits do not count toward DCB residency requirements for graduation, and that a minimum of 15 credits from DCB (other than prior learning credit) is required to graduate.
* I understand that some prior learning credits are not used to calculate GPA. These include: CLEP exams, military transfer credits, and professional certificates or licenses. A 2.0 GPA or higher must be earned on remaining coursework for graduation.

*Student signature Date*

**Section B: Program Advisor Section**

***Instructions:* Complete the checklist of activities listed. Sign and submit the application and supporting evidence to the prior learning facilitator.**

By signing this application, I verify the following related to the student and the assessment process.

* DCB program of study:
* Semester in which student completed, or will complete, 15 credits of coursework from DCB:
* Evidence exists that the student has prior learning commensurate with college coursework. Check any of the following that can be provided or is needed to verify prior learning knowledge.

[ ] Military transcript

[ ] Credit by exam scores

[ ] Professional training, certification, or license

[ ] Assessment via an “experiential learning portfolio”

Semester during which credit is to be recorded (if approved):

*Advisor signature Date*

**Section C: Prior Learning Coordinator Section**

Date Application Received: Student admitted/enrolled: yes / no

Residency requirement completed: yes / no If no, expected semester of completion:

Course prerequisites have been met: yes / no / NA Recommendation – Award Credit: yes / no

Assessment Method: Semester of record:

Course Prefix/Number/Title:

Number of Credits:

Grading Scheme: S/U or ABCDF Evaluator:

*Rationale (Evidence Attached):*

*Prior Learning Coordinator signature Date*

**Section D: Administrative Approval Section**

[ ] Approve [ ] Deny

*Registrar signature Date*