Prior Learning Credit Application

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

Name: ___________________________  EMPLID: ___________________________
E-Mail: _________________________  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

2014.02.25
**Section C: Prior Learning Coordinator Section**

<table>
<thead>
<tr>
<th>Date Application Received:</th>
<th>Assessment Method:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student admitted/enrolled: yes / no</td>
<td>Semester of record:</td>
</tr>
<tr>
<td>Residency requirement completed: yes / no</td>
<td>Course Prefix/Number/Title:</td>
</tr>
<tr>
<td>If no, expected semester of completion:</td>
<td>Number of Credits:</td>
</tr>
<tr>
<td>Course prerequisites have been met: yes / no / NA</td>
<td>Grading Scheme: S/U or ABCDF</td>
</tr>
<tr>
<td>Recommendation – Award Credit: yes / no</td>
<td>Evaluator:</td>
</tr>
</tbody>
</table>

**Rationale (Evidence Attached):**

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**Prior Learning Coordinator signature**

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**Date**

**Section D: Administrative Approval Section**

[ ] Approve

[ ] Deny

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**Associate Dean of Academic Affairs signature**

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**Date**