

## Request for Prior Learning Assessment

Standardized Testing | Non-Sponsored Collegiate Learning | Experiential Learning Portfolio

**Step 1: Student Information** (to be completed by student)

First Name	M.I.	Last Name	NCSC Student ID Number
Address		City	State      ZIP
(      )			
Daytime Phone Number		E-mail Address	
I request approval to receive prior learning credit for the following course(s):			
Student Signature		Date	

Students must be currently enrolled at North Central State College to apply for Prior Learning credits. The registrar will post all prior learning credit (CR) or no credit (NC) on the student’s transcript during the term in which the prior learning is assessed.

**Step 2: Type of Credit and Courses Requested** (to be completed by student and submitted to Academic Division for approval) The type of prior learning credit I am requesting is (please check one)

- |   |   |
|---|---|
| <input type="checkbox"/> Standardized Testing<br>1a. Advanced Placement Program<br>1b. College Level Examination Program<br>1c. DANTES<br>1d. DANTES Subject Standardized Test<br>1e. International Baccalaureate<br>1f. Other: _____ | <input type="checkbox"/> Non-Sponsored Collegiate Learning<br>2a. Military Credit/Military Transfer Assurance Guides<br>2b. Credit by Examination<br>2c. Workford and Industry Certifications and Credentials<br>2d. Other: _____ |
|---|---|
- (Completed by Dean)

Subject/Catalog #	Title	Credits	Type of Credit	Reviewed By

**Step 3: Report of Prior Learning Credit Earned** (to be completed and submitted by Academic Division to Registrar)

Subject/Cat. #	Title	Credits	Grade	Faculty Signature	Date	Dean or Designee Signature	Date

**Note:** Form to be taken by student to Cashier’s Office for fee payment. **Form to be returned by student to academic division prior to the administration of an exam or submission of a portfolio.**

**Step 4: Fee Payment** (to be completed by Academic Division)

Type of Credit (please check one)	Fee Per Course	Number of Courses	Total
<input type="checkbox"/> Standardized Testing	\$ 50	_____	\$ _____
<input type="checkbox"/> Military	No Charge	_____	\$ _____
<input type="checkbox"/> Credit by Exam	½ of contact hours of course x the credit hour fee	_____	\$ _____
<input type="checkbox"/> Workforce and Industry	\$ 75	_____	\$ _____
<input type="checkbox"/> Other non-sponsored	\$	_____	\$ _____
<input type="checkbox"/> Experiential Learning Portfolio	\$ 250.00 per course	_____	\$ _____
TOTAL			\$ _____

**Step 5: Fee Payment** (to be completed by Cashier's Office)

Amount Received: \_\_\_\_\_ Received by: \_\_\_\_\_ Date: \_\_\_\_\_