

## **Credit For Prior Learning Evaluation/Examination**

Student Name:		Student ID:	
Step One: Completed	by Faculty		
Subject & Catalog No.	Title	Units	
Subject & Catalog No.		Units	
Subject & Catalog No.	Title	Units	
Subject & Catalog No.	Title	Units	
Subject & Catalog No.	Title	Units	
	ave evaluated the documentation present to the following credit(s)-either listed a	ented and certify the above named student is above or on attached sheet.  —————— Date	
	ed by Cashier Department (Payment Due P		
I/We h	by Admissions and Records	nd verify the student has never received credit for	
Step Three: Complete	ed by Cashier Department (Payment Due a	t the Cashier Department Prior to Examination)	
Numbe	er of Credits Amount Paid	Date	
The Grade on the exact.  This form is to be <b>returne</b>	lent was tested by me on  mination is  Faculty Signature d immediately by the Instructor to the Adm	$\overline{\mathbf{D}}$ ate after the examination. If the In-	
request.	·	Employee Services to complete the appropriate payment	
Admissions and Recor	ds ONLY		
	Student Notified		
Credit Not Po	sted/Student Notified	A&R Staff Initial/Date	