



Prior Learning Assessment

Faculty and student complete this form after discussing Prior Learning Assessment.

Information

Name: _____

Student ID: _____

Program: _____

Catalog: _____

Email: _____

Date: _____

This application, including receipt of the nonrefundable (PLA) Prior Learning Assessment fee, does not guarantee credit will be given. All materials must be evaluated by the designated faculty member to determine that all course outcomes are met. If a passing grade is not earned, the course must be taken and passed to earn credit and a letter grade.

Student Signature: _____

Date: _____

Faculty Signature: _____

Date: _____

Dean Signature: _____

Date: _____

PLA Process

1. Meet with the designated faculty member to discuss assessment options.
2. Take completed side one of this form to Cashiers to pay the assessment fee.
3. The assessment will not be proctored until proof of payment is received.
4. Student submits form and receipt to complete assessment.
5. Assessment is reviewed by designated faculty. (Allow 3 weeks)
6. Student will be notified if PLA credit was approved.

Type of Assessment	Course Number	Credit hour(s)	Fee to be paid to Cashier <i>(faculty enter this info below)</i>	Grade
Proficiency-written only <i>\$25 per credit hour for a max total of \$75 (for 3 or more credit hours)</i>				PR
Proficiency-Skills only <i>\$50 total</i>				PR
Proficiency-Written and Skills <i>\$25 per credit hour for up to a max total of \$75 (for 3 or more credit hours) and \$50 for the skills portion</i>				PR
MST 1181 - Nurse Aid Training <i>\$75</i>			\$75	PR
Certification <i>\$5 posting fee - No \$5 fee if the certification qualifies as an ITAG - ODHE Industry Recognized Credential.</i>				CR
Portfolio <i>\$140 for each course with 3 or more credit hours; \$100 for 1 or 2 credit hour courses</i>				EX

Faculty Evaluator: _____

Student Name: _____ Student ID: _____

Faculty comments on assessment results:

Course name: _____ Course number: _____

Credit hours: _____

I have evaluated/graded the prior learning assessment for the student listed above and give authorization for the indicated credit(s) to be granted.

I have evaluated/graded the prior learning assessment for the student listed above and do NOT authorize credit to be granted.

Faculty Signature: _____ **Date:** _____

Records and Registration: _____ / _____
Date Initials

**The payment receipt must be attached to this form. Once the assessment process is completed, the Records and Registration Office will receive a copy of this form and post approved credit on the student's academic record.*