



## Request for Academic Prior Learning Assessment (Course Challenge)

Student Name: \_\_\_\_\_ SID: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

I understand that Prior Learning credits are limited to 25% of my degree requirements and that transferability of the credits may be limited.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Course(s) for which credit is requested: \_\_\_\_\_

What Degree/Certificate is this course for? \_\_\_\_\_

# of PLA credits requested: \_\_\_\_\_ (Note: partial credit only permitted on variable credit courses.)

### PLA 099 Independent Study Course

# of credits for evaluation (1-2): \_\_\_\_\_ YRQ: \_\_\_\_\_ CRS: PLA 099 Sec: \_\_\_\_\_ Item: \_\_\_\_\_

### This section to be completed by Faculty Member:

(Please attach class syllabus and any other documents used for evaluation):

What method of assessment was used? \_\_\_\_\_

What outcomes/competencies were measured? \_\_\_\_\_

Quarter: \_\_\_\_\_ Grade Assigned:  Pass/No-Credit: \_\_\_\_\_  Decimal Grade: \_\_\_\_\_

Faculty name: \_\_\_\_\_ Faculty Signature: \_\_\_\_\_

Division Chair signature: \_\_\_\_\_

Dean signature: \_\_\_\_\_ Date: \_\_\_\_\_