

## Credit for Prior Learning Request

**To: Dean of Academic Programs** **Date** \_\_\_\_\_

**Name** \_\_\_\_\_ **Campus ID** \_\_\_\_\_  
Last First

**Address** \_\_\_\_\_ **Telephone** \_\_\_\_\_  
Street

\_\_\_\_\_ **Major** \_\_\_\_\_  
City State Zip

**Faculty/Staff Advisor** \_\_\_\_\_

Has experiential learning credit been previously requested? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Number of units requested for 4890 \_\_\_\_\_. For what are you requesting the units?

General Electives \_\_\_\_\_ (# of units)      Major \_\_\_\_\_ (# of units)

General Education \_\_\_\_\_ (# of units)      Minor \_\_\_\_\_ (# of units)

Term you want credit for the units: Fall \_\_\_\_\_ Spring \_\_\_\_\_

Attach list (most recent first), the places where the experiential learning took place. Include dates, number of hours per week, and the name, title, and phone number of any supervisors. Who will be able to verify the learning you assert in your petition?

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

Faculty/Staff Advisor \_\_\_\_\_ Date \_\_\_\_\_

Instructor \_\_\_\_\_ Date \_\_\_\_\_

Department Chair \_\_\_\_\_ Date \_\_\_\_\_

Dean of Academic Programs \_\_\_\_\_ Date \_\_\_\_\_

Office Use only:

CRN \_\_\_\_\_ Term \_\_\_\_\_ Year \_\_\_\_\_

Dept \_\_\_\_\_ Course No. \_\_\_\_\_ Section No. \_\_\_\_\_