



Request for 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: _____ 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: _____

(Submit form to Education Support Services after Dean approval.)