



# Credit for Prior Learning: Prior Learning Assessment

Students who have successfully completed appropriate non-collegiate educational experiences through prior work, education, and life experiences may be eligible to receive credit at Lake Superior College or have certain requirements waived by demonstrating learning of the content of college level courses.

Students who wish to obtain credit for prior learning should follow the process outlined below. All credits earned through this procedure will be granted on a "Pass" basis and will be recorded on the student's official transcript as "Prior Learning Assessment". **The charge for Prior Learning Assessment is 50% of the tuition cost per credit. This must be paid prior to the assessment, and is non-refundable.** Refer to Policy 3.15.1 for complete information.

Name \_\_\_\_\_ Student ID or SS # \_\_\_\_\_

Contact Information \_\_\_\_\_

Program \_\_\_\_\_ Term/Year \_\_\_\_\_

Example: Fall 2008

**This evaluation is for the following course:**

Course Number	Course Title	Credits		
		Lecture	Lab	Total Credits

**Brief description of applicable learning experience (portfolio to be presented at time of evaluation).**

**Signature, in the order listed below, indicates agreement/approval to proceed with Prior Learning Assessment process.**

Step 1. Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

Step 2. Center for Lifelong Learning Signature \_\_\_\_\_ Date \_\_\_\_\_

Step 3. Instructor's Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Indicates agreement to evaluate learning)

Step 4. Dean's Signature \_\_\_\_\_ Date \_\_\_\_\_

Step 5. Student Payment Office (see below) (CLL Director will notify student when payment can be made)

**Steps 1-5 must be complete before performing evaluation.**

Step 6. Portfolio Assessment & Student Document \_\_\_\_\_ Date of Document Submission \_\_\_\_\_

Date of Evaluation \_\_\_\_\_ Grade Issued by Instructor (P or NC) \_\_\_\_\_

Instructor's Signature \_\_\_\_\_

**Instructor submits completed form and documentation to CLL Director.**

Comments: \_\_\_\_\_

Office Use Only	
\$ _____ Fee Paid _____	_____ Date Paid _____
_____ Student Payment Office Signature	_____ Registrar's Signature or Center for Lifelong Learning Staff