

# CREDIT FOR PRIOR LEARNING APPLICATION

First Name:	Last Name:
Student ID # (LoLA):	Date of Birth:
Phone:	Email:
Date:	Signature:

**Option One: Request for Review of Credit by Standardized Exam**

*Check all that apply:*

ACT  
  AP (Advanced Placement)  
  CLEP – (College Level Examination Program)  
  DSST – (DANTES Subject Standardized Test)  
  SAT

Exam Title:	Score:
Exam Title:	Score:

Submit this application to the Registrar's office or email the form to [registrar@solacc.edu](mailto:registrar@solacc.edu). Subject Line: Testing Evaluation.  
**Note:** Exam scores will be verified. Credit will be awarded within 3 business days of application submission.

**Office Use Only**

Course Prefix and Number Awarded:	Course Prefix and Number Awarded:
Received by:	Date Processed:

**Option Two: Request for Review of Credit by Course Work or Credential**

*Check all that apply*

Industry Based Credential: \_\_\_\_\_  
  Police Courses  
  Military Courses

Submit this application to the Registrar's office or email the application to [registrar@solacc.edu](mailto:registrar@solacc.edu). **Subject Line:** Credit for Prior Learning. **Note:** Requests will be reviewed by the appropriate division dean. Credit will be awarded within 10 business days of application submission. Denied credit will receive an email by the division dean or department chair.

**Office Use Only:**

Course Prefix and Number:	Approved <input type="checkbox"/>
	Denied <input type="checkbox"/>
Course Prefix and Number:	Approved <input type="checkbox"/>
	Denied <input type="checkbox"/>
Dean or Department Chair Signature:	Date:

**Option Three: Request for Written/Portfolio/Demonstration/Oral**  
 (Please check the CPL Challenge database, available in the College Catalog, for a list of challenge option courses)  
**Are you a veteran, active military, or their spouse or dependent?** 

Course Prefix and Number Requesting:	
Course Prefix and Number Requesting:	

Requests will be reviewed by the appropriate division dean and the student will be contacted to schedule an assessment time and payment. Payment must be remitted before the exam is proctored. Report to proctor for testing.

**Office Use Only- Student Accounts:**

CPL Course Test Fee: (\$20.00 per credit hour)	Course Fee Total:
Payment Method: <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Fee Waived by Dean (Partnership) <input type="checkbox"/> Fee Waived for Veteran/Military	
Received by:	Date:

**Office Use Only – Academic Affairs:** Once scored, submit this form to the Registrar's office or email the form to [registrar@solacc.edu](mailto:registrar@solacc.edu). Subject Line: Credit for Prior Learning

Please indicate the type of assessment used to evaluate course competencies.

Performance  
  Portfolio  
  Written Exam

Course Prefix and Number:	Credit Hours:
Minimum Score Needed:	Student Score:
	<input type="checkbox"/> Credit Awarded <input type="checkbox"/> Credit Denied
Evaluator Name:	Evaluator Title:
Evaluator Signature:	Date:
Dean or Department Chair Signature:	Date:
Email Confirmation to Student:	Fee Waived due to SLCC Partnership:

**Office Use Only – Registrar's Office:**

Received By:	Date Processed:
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