APPLICATION FOR CREDIT BY PRIOR EXPERIENTIAL LEARNING

DATE: __________________________

STUDENT NAME (PRINT): __________________________

STUDENT ID: __________________________ MAJOR: __________________________

Course you are requesting for Prior Experiential Learning Credit:

SUBJECT: _________ CRSE #: _________ TITLE: __________________________ CR: _________

Have you -

• taken the above or a similar course for credit or audit? YES NO
• completed at least 3 credits from LCSC? YES NO
• completed ENGL 102 or the equivalent with a C or better? YES NO
• completed, or enrolled in ID 321? YES NO

Please attach the following documents (all available on WarriorWeb):

• Current LCSC Transcript
• Current Transfer Equivalency Report
• Current Degree Audit Report
• Summary of Prior Experience (page 2 of this document)

I understand that this application indicates that I am approved to submit a Prior Experiential Learning Portfolio and that credit award is not guaranteed. Credit will be awarded only if there is a positive assessment of the completed Portfolio.

Student Signature: __________________________ Date: ____________

* * *

Application Approval:
The above student is eligible to submit a PEL Learning Portfolio for assessment for the above-named course.

Date by which Prior Experiential Learning Portfolio must be submitted for assessment: ________________

Division Chair (signature) __________________________ Date: ________________

(Once the Chair has approved this application, pay the required fees at the Controller’s Office and return the entire application, with required documentation, to the Division Chair who signed the form.)

* * *

Assessment Results:

________________________ Credit by Prior Experiential Learning Portfolio is awarded
(Asessor initials)

________________________ Credit by Prior Experiential Learning Portfolio is not awarded
(Asessor initials)

SUBJECT: _________CRSE #: _________ TITLE: __________________________ CR: _________

(Asessor Signature) __________________________ (Date) __________________________ (Chair Signature) __________________________ (Date)

PEL FEE: $75.00 + $10.00/CR.
Pay at the Controller’s Office
Receipt #: __________________________
Cashier’s Initials Date
SUMMARY OF PRIOR EXPERIENCE

Include only experience that relates to the course for which you are requesting Credit by Prior Experiential Learning on page 1 of this application. This summary is for application approval only; it does not constitute formal documentation of experience that will be required in the Portfolio.

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<th>RELATED WORK EXPERIENCE</th>
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<td>Job Title or Description of the Work</td>
<td>Location</td>
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<th>RELATED VOLUNTEER EXPERIENCE</th>
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<th>RELATED NON-CREDIT TRAINING/EDUCATION</th>
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