



## CREDIT FOR PRIOR LEARNING APPLICATION FORM

First Name:		Last Name:	
Student ID#:		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)

Exam Title:	Score:	Course Prefix, Number, and Credit Hours Awarded
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Submit this form to the Registrar's office or email the form to [registrar@nunez.edu](mailto:registrar@nunez.edu). Subject Line: Testing Evaluation.

**Note:** Exam scores will be verified. Credit will be awarded within 72 business hours of form submission.

#### Office Use Only

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

### Option Two: Request for LEAP Credit

Course Prefix and Number Requesting:	
Course Prefix and Number Requesting:	
Submit this form to the Registrar's office or email the form to <a href="mailto:registrar@nunez.edu">registrar@nunez.edu</a> . Subject Line: Credit for Prior Learning. <b>Note:</b> Requests will be reviewed by the appropriate Program Chair, and the student will be contacted to schedule portfolio submission, possible skills demonstration, and payment. Payment must be remitted before the exam is proctored.	
Program Chair Signature:	Date:
Email confirmation to student sent by Program Chair?	<input type="checkbox"/> Yes
Dean's Signature:	Date:

#### Office Use Only—Bursar

CPL Course Test Fee: (\$20.00 per credit hour)	Course Fee Total:
Payment Method: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order	
Received by:	Date:

### Option Three: Request for Review of Credit by Coursework or Credential

*Check all that apply*

Industry-Based Credential: \_\_\_\_\_    Other Credential: \_\_\_\_\_    Military Courses: \_\_\_\_\_

Submit this form to the Registrar's office or email the form to [registrar@nunez.edu](mailto:registrar@nunez.edu). Subject Line: Credit for Prior Learning. **Note:** Requests will be reviewed by the appropriate Program Chair (for IBCs) and dean (for military courses).

#### Office Use Only

Course Prefix and Number:	<input type="checkbox"/> Approved <input type="checkbox"/> Denied
Course Prefix and Number:	<input type="checkbox"/> Approved <input type="checkbox"/> Denied
Course Prefix and Number:	<input type="checkbox"/> Approved <input type="checkbox"/> Denied
Program Chair's Signature:	Date:
Dean's Signature:	Date:

### Option Four: Request Credit by Exam



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

Course Prefix and Number Requesting:		Credit Hours:	
Minimum Score Needed: 70% proficiency in all course competencies	Student Score:	<input type="checkbox"/> Credit Awarded <input type="checkbox"/> Credit Denied	
Evaluator Name:		Evaluator Title:	
Evaluator Signature:		Date:	
Program Chair Signature:		Date:	
Email confirmation to student sent by Program Chair?		<input type="checkbox"/> Yes	
Dean's Signature:		Date:	

<b>Office Use Only—Bursar</b>	
CPL Course Test Fee: (\$20.00 per credit hour)	Course Fee Total:
Payment Method: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order	
Received by:	Date:

<b>Office Use Only—Registrar</b>	
Received By:	Date Processed:

**Registrar's Office- 3710 Paris Rd.**