CREDIT FOR PRIOR LEARNING APPLICATION FORM

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

Check all that apply:

☐ ACT   ☐ AP (Advanced Placement)   ☐ CLEP – (College Level Examination Program)

Exam Title:	Score:	Course Prefix, Number, and Credit Hours Awarded
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 registar@nunez.edu. Subject Line: Testing Evaluation.
Note: Exam scores will be verified. Credit will be awarded within 72 business hours of form submission.

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

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

Submit this form to the Registrar's office or email the form to registar@nunez.edu. Subject Line: Credit for Prior Learning. **Note**: 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? ☐ Yes			
Dean's Signature:		Date:	

CPL Course Test Fee: ($20.00 per credit hour)		Course Fee Total:	
Payment Method: ☐✔ Cash ☐ Check ☐ Credit Card ☐ Money Order			
Received by:		Date:	

Check all that apply
☐ Industry-Based Credential: _____   ☐ Other Credential: _____   ☐ Military Courses: _____

Submit this form to the Registrar's office or email the form to registar@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).

Course Prefix and Number:	☐ Approved ☐ Denied
Course Prefix and Number:	☐ Approved ☐ Denied
Course Prefix and Number	☐ Approved ☐ Denied
Program Chair's Signature:	Date:
Dean's Signature:	Date:

CREDIT FOR PRIOR LEARNING APPLICATION FORM

Submit this form to the Registrar's office or email the form to registar@nunez.edu. Subject Line: Credit for Prior Learning. **Note**: Requests will be reviewed by the appropriate Program Chair, and the student will be contacted to schedule an assessment time and payment. Payment must be remitted before the exam is proctored.

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: ☐ Credit Awarded ☐ Credit Denied
Evaluator Name:	Evaluator Title:
Evaluator Signature:	Date:
Program Chair Signature:	Date:
Email confirmation to student sent by Program Chair? ☐ Yes	
Dean's Signature:	Date:

CPL Course Test Fee: ($20.00 per credit hour)	Course Fee Total:
Payment Method: ☐ Cash ☐ Check ☐ Credit Card ☐ Money Order	
Received by:	Date:

Received By:	Date Processed:

Registrar's Office- 3710 Paris Rd.