

## Prior Learning Assessment (PLA) Request and Authorization Form

### STEP I – REQUEST FROM STUDENT

*Student must fill out one form for each prior learning experience.*

\_\_\_\_\_  
Name

\_\_\_\_\_  
Student ID#

\_\_\_\_\_  
Street Address, City, State, Zip

\_\_\_\_\_  
Birthdate

Training/Experience	Company/Organization	Dates	Evidence Included

Please attach physical copies of the above-mentioned experiences to the back of this form (e.g., industry credentials, employment history, transcripts, certificates, letters of support, or portfolio)

Written explanation of prior learning experience to be evaluated:

- ☐ *I understand that John A. Logan College reserves the right to review the evidence of learning outcomes and course equivalency through prior learning and to evaluate the extent to which evidence indicates knowledge and skills commensurate with those expected of a student who has successfully completed the coursework. If successful, the course(s) will become part of my permanent record with a "CR" (credit) grade. I understand another institution may not accept the credit for transfer. Finally, I agree to pay the assessment service fee prior to the credit being placed on my transcript.*

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

### STEP II – APPROVAL BY REGISTRAR

Checklist of Qualifications:

- ☐ Student is currently enrolled at John A. Logan College.
- ☐ Student has not previously attempted or audited the course.
- ☐ Student's proficiency credit does not presently exceed 15 hours.
- ☐ Student is not enrolled in or has not completed a higher-level course in the sequence.
- ☐ Student has not previously received a grade in the course (A, B, C, D, F, INC, W)

\_\_\_\_\_  
Registrar Signature

\_\_\_\_\_  
Date



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### STEP III – APPROVAL BY ACADEMIC AFFAIRS

Course Prefix/Number	Title	Credit Hours	Approved?

\_\_\_\_\_  
Instructor or Department Chair Signature Date

\_\_\_\_\_  
Dean Signature Date

### STEP IV – PAYMENT OF NON-REFUNDABLE ASSESSMENT FEE

Term \_\_\_\_\_ Amount \$ \_\_\_\_\_ Paid Receipt # \_\_\_\_\_

\_\_\_\_\_  
Bursar Signature Date

### STEP V – AWARD CREDIT ON TRANSCRIPT

\_\_\_\_\_  
Registrar Signature Date

Prior Learning Assessment Form  
File Location: Academic Affairs