Career &

Transfer Education

REQUEST FOR PRIOR LEARNING ASSESSMENT

Return Completed Form to the Enrollment Center, Katahdin Hall

Students who are matriculated at EMCC may be eligible for prior learning assessment (PLA) consideration. Please review the current policy and options on the EMCC website at www.emcc.edu/PLA.

Name: _____ ID#: _____

Program: _____ E-mail Address: _____

Type of Credit Requested:

Credential Review (professional state or national certifications, examinations, or licensure) Current, valid documentation must be presented directly to the Admissions Office for duplication, review and transcription. There is no fee associated with proficiency credit.

CREDENTIAL REVIEW AWARDED								
Course No.	Course Title	Credits	Cert./ License	Admissions Representative Signature	Date			

PLA Portfolio Review

Request to be made after the student has met with the Dean of Academic Affairs to review portfolio requirements and standards. A non-fundable review fee of \$125 per portfolio (course) must be made prior to the portfolio evaluation.

Academic Dean's Signature: _____

Business Use Only Number of Courses: x \$125 Total Due: Date Fee Paid: ____ Receipt #: _____

Business Use Only

Date Fee Paid:

x \$100

Number of Exams:

Receipt #:

Total Due:

Step 2

Step 2

Course(s): _____Date: _____

Step 1

Step 1

PORTEOLIO REVIEW CREDIT AWARD OR DENIAL SUMMARY

	FORTFOLIO REVIEW CREDIT AWARD OR DENIAL SOMIMART								
	Course No.	Course Title	Credits	Pass/Fail	Faculty Evaluator's Signature	Date			
>									

Challenge Exam (college-specific)

Challenge exams are offered on a limited basis at EMCC for courses where there is no equivalent national exam. Requests for challenge exams must be made and approved by the Department Chair overseeing the course. A non-refundable examination fee of \$100 must be made prior to the examination date.

Department Chair's Signature:

Course(s): ____

Academic Dean's Signature: _____ Date: _____

		CHALLENGE EXA	M CREDIT A	WARD O	R DENIAL SUMMARY		
Step 3	Course No.	Course Title	Credits	Pass/Fail	Faculty Evaluator's Signature	Date	
			For Office Use	e Only:			
Data Operator:			Date Entered: 5/1				

_____ Date: _____