

**APPLICATION FOR PRIOR LEARNING CREDIT  
(1 - 30 credits)**

STUDENT NAME \_\_\_\_\_ MAJOR \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ MINOR \_\_\_\_\_  
 \_\_\_\_\_ STUDENT ID A# \_\_\_\_\_  
 LOCAL TEL. NO. \_\_\_\_\_ CAMPUS MAILBOX \_\_\_\_\_

<b><u>DEADLINES</u></b>	
MAY GRADUATION:	April 1 <sup>st</sup>
AUGUST GRADUATION:	July 1 <sup>st</sup>
DECEMBER GRADUATION:	November 1 <sup>st</sup>

CERTIFICATION. I understand that I will have to pay \$100 per credit if awarded. I am attaching a narrative description and documentation to support this request.

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

**Return this form to the Center for Student Success and Engagement/Advising.**

**PLEASE DO NOT WRITE BELOW THIS LINE.**

**CREDIT RECOMMENDATION**

This application and its supporting documents have been reviewed.

Faculty Evaluator \_\_\_\_\_ Date \_\_\_\_\_  
 Department Chairperson \_\_\_\_\_ Date \_\_\_\_\_  
 CSSE / Advising \_\_\_\_\_ Date \_\_\_\_\_  
 Dean of Academic Affairs \_\_\_\_\_ Date \_\_\_\_\_  
 Student Accounts (billing) \_\_\_\_\_ Date \_\_\_\_\_

<u>DESCRIPTION</u>	<u>RECOMMENDED CREDITS</u>	<u>MCLA COURSE EQUIVALENT</u>	<u>CREDIT AWARDED</u>	<u>DEAN'S APPROVAL</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Office of the Registrar & Student Records \_\_\_\_\_ Date \_\_\_\_\_

Credit will be granted contingent upon payment (\$100 per credit) to MCLA Student Accounts. Students seeking prior learning credit for physical fitness activities are charged a \$25 administrative fee. Students seeking prior learning credit for a varsity sport are exempt from all fees.

Office Use Only: Administrative Fee: \_\_\_\_\_ Credit Fee: \_\_\_\_\_