## Appendix A:

## PRIOR LEARNING ASSESSMENT INFORMATION RELEASE FORM

Date: Click or tap here to enter text.

Student Name: Click or tap here to enter text. Student ID Number: Click or tap here to enter text.

Address: Click or tap here to enter text.

City: Click or tap here to enter text.

State: Click or tap here to enter text. Zip: Click or tap here to enter text.

I, Click or tap here to enter text. authorize you to release information in regard to my training, job and responsibilities to Grand Rapids Community College staff or their representative on request for the purpose of assessing my prior learning credentials.

This release is valid until revoked at my request.

Click or tap here to enter text. ­­­­­ Click or tap here to enter text.

Student Signature Date

Only complete section below this line if you are revoking authorization.

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

I hereby revoke the above information.

Click or tap here to enter text. ­­­­­ Click or tap here to enter text.

Student Signature Date

## Appendix B:

## REQUEST FOR PRIOR LEARNING PORTFOLIO EVALUATION FORM

Date: Click or tap here to enter text.

Student Name: Click or tap here to enter text. Student ID Number: Click or tap here to enter text.

Address: Click or tap here to enter text.

City: Click or tap here to enter text.

State: Click or tap here to enter text. Zip: Click or tap here to enter text.

Phone: Click or tap here to enter text.

E-mail Address: Click or tap here to enter text.

Curriculum: Click or tap here to enter text.

Faculty Advisor (if known): Click or tap here to enter text.

Course Title & Number: Click or tap here to enter text.

List other credit(s) earned in the same discipline. Include all transfer credits, CLEP, Challenge exam, PLA, and earned credits:

Click or tap here to enter text.

Hit enter key to make a new line.

**INCLUDE COURSE DESCRIPTION AND LEARNING OUTCOMES TO SECTION II OF YOUR PORTFOLIO.**

**Assessor will complete review of portfolio and return results in approximately four (4) weeks.**

Appendix C:

## PRIOR LEARNING ASSESSMENT STUDENT PAYMENT FORM

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PLA Submitted for Class Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*One form for each class

Student Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Fee $150.00**

Please bring this form (\*one form for each class) to the Cashier's Office (154 Main Building) with payment

Cashier’s Office Name (printed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cashier’s Office Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When this form is complete please bring back and put with your paperwork

**PRINT THIS FORM: This form is meant to be printed, completed, and then inserted back into portfolio.**

## Appendix D:

## APPROVAL OF PRIOR LEARNING CREDIT FORM

**To:** College Registrar

**From:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Faculty Assessor   
 (*Please Print)*

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Re:** Approval of Prior Learning Credit

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

|  |  |
| --- | --- |
| **Student’s Name:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | *(Please Print)* |
| **Student’s ID Number:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | *(Please Print)* |

**Based on my assessment of the above student’s Prior Learning Portfolio**.

I recommend the following award of credits:

I do not recommend the following award credits:

**Curriculum:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Course Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Course Title:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Explanation of portfolio evaluation including rationale for credit awarding/denying:

Total semester hours awarded:

Faculty Assessor: ­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please return this form to the Prior Learning Assessment Coordinator**

**PRINT THIS FORM: This form is meant to be printed and completed by the Faculty Assessor**