

## PROCEDURE 3.15.3.1 CREDIT FOR PRIOR LEARNING THROUGH WORK EXPERIENCE (CBE) (For RCTC Policy 3.15.3)

**Part 1. Assessment for Prior Learning Petition:** Students may make application to use prior experiential learning toward course requirements within a specific program of study. The learning may result from a variety of experiences: college classroom, work experience, internships, and life experience and may only be used once for credit. These experiences must be: a) recent and relevant; b) of sufficient length with verified satisfactory performance; and c) may only be used once for credit. A nonrefundable fee will be charged for each credit evaluated.

Student Name: \_\_\_\_\_  
 Stinger ID: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Address: \_\_\_\_\_

### Course to be considered for Prior Learning Experience Credit:

Course Discipline	Number	Course Title	Credits
Faculty Signature/Agreement to review portfolio/Date		Administrator's Signature/Date	
Division Chair Signature/Date			

### Part 2. Fees:

The fee of \$ \_\_\_\_\_ was received by \_\_\_\_\_ Date: \_\_\_\_\_

**Part 3. Portfolio Preparation:** It is the applicant's/student's responsibility to develop all documents to be considered. The assessment of prior learning experiences will be based on the documentation presented. Types of documentation that may be included are:

1. A well-written descriptive summary of the prior learning experiences to be considered in relationship to the course objectives.
2. Demonstration of learning in the subject area.
3. Syllabi of course(s) being considered with documentation of how goals have been met by the applicant/student.
4. Statements from former employers to include description of duties performed and an evaluation by a supervisor (and/or) support documentation describing prior learning experiences.

### Part 4. Evaluations:

**Successful Evaluation:** In my professional judgement, the following course has been demonstrated/documented, and hence I recommend that credit be granted.

Course Discipline	Number	Course Title	Credits
Faculty Signature		Date	
Division Chair Signature		Date	

**Unsuccessful Evaluation:** Student did not successfully meet the course standards.

Faculty Signature \_\_\_\_\_ Date \_\_\_\_\_

**Part 5. Record Keeping:** Copy after credits are recorded or unsuccessful evaluation: Admissions, Academic Affairs Administrator, Instructor, Student, Human Resources

ADMISSIONS OFFICE	DATE	ACADEMIC AFFAIRS OFFICE
Date Results Recorded:		TO: Human Resources Office
Signature:		Please process payment for this Assessment Administrative Signature/Date:
		C: POP Book, Faculty Member

Date of Implementation: \_\_\_\_\_ To be determined  
 Date of Adoption: \_\_\_\_\_ February 8, 2000