



CREDIT FOR PRIOR LEARNING EVALUATION REQUEST

Student ID: _____ **Date of Birth:** _____

Student Name: _____
Last First Former

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

My Planned Program(s) of Study: _____

Student Signature: _____ **Email:** _____ @email.vccs.edu

Student must submit official transcripts for evaluation. When official copies have been received transcripts will be evaluated and student will be notified via their VCCS email account. Credit for prior learning is evaluated based on current program plan. It may be necessary to request re-evaluation if there is a change in program plan.

COLLEGE OR UNIVERSITY:

Student Section	Records Office Use Only		
College or University Name	State	Accreditation	Calendar

SELECT OTHER OPTIONS FOR CREDIT FOR PRIOR LEARNING REVIEW:

- Military Transcript
- Certifications or Licenses
- Test Out (CLEP, IB, AP, IC3, DSST)
- Experiential Training/Learning
- Direct Assessment (Competency Based Education)