OFFICE OF RECORDS AND REGISTRATION
720 4th AVENUE SOUTH, AS 118
ST. CLOUD, MINNESOTA 56301-4498
PHONE: (320)308-2111 FAX: (320)308-2059
registrar@stcloudstate.edu

UNDERGRADUATE CREDIT FOR PRIOR LEARNING REQUEST
Note: Students will be charged a fee when credits are approved

Step 1: ***Student-***Review website before completing form.

Step 2: ***Student-***Complete information below:

Name _____   SCSU ID _____

Address _____ _____ _____ _____
       Street   City   State   Zip

Daytime Phone (_____) _____   Email _____ @go.stcloudstate.edu

List course proposed for credit. **Assessment and term may not be retroactive. Consult with advisor to identify possible course options (maximum of 21 semester credits).**

Department	Course No.	Course Title	Credits

Step 3: ***Records and Registration*** (Submit form to the Office of Records and Registration (in AS 118) to confirm your eligibility for an assessment)

Year/Term admitted to major   _____

Number of credits completed/enrolled at St. Cloud State University   _____

Sufficient Grade point average overall (minimum 2.00 GPA)   ❑ Yes ❑ No

Cost of credits: Upon transcription of approved credits the student will be assessed a fee equivalent to the cost of 1/3 credit for each credit assigned. (e.g. For an approved 3 credit course, a student will be charged for 1 credit.)

Credit Award/Transcription: Fall Assessment begins November 15 to end of the term, Spring Assessment begins April 15 to end of the term and Summer Assessment begins July 15 to end of the term.

❑ **By checking this box, you consent to use electronic signatures rather than paper documents.**

Records and Registration Signature: _____ Date: _____

Step 4: ***Student-***Competence Statement (consult with faculty evaluator if needed)
    Attach written competence statement to this application.

A competence statement is a description of a learning outcome that has been achieved in a given subject area. Your competence statement must identify the subject area, theoretical and practical elements of the subject, and either the level of your knowledge or how you apply your knowledge. An example of a competence statement is: *Operating Systems: Knows history, theory, principles and techniques of operating systems well enough to compare features of different operating systems, analyze the behaviors of computer programs, and plan for the configuration and installation of operation systems.*

Step 5: *Student*-**Make a plan:**

Meet with the chair of the department that offers the course to review your competence statement and to create an assessment plan which includes intended format, (written test, portfolio, paper, etc.) course outcomes, evidence of outcome attainment, and the intended faculty reviewer. **Attach the plan to this application.**

Recommended faculty reviewer_____

Chair approves the plan ❑ Yes   ❑ No If no, notify student about the reason.

❑ **By checking this box, you consent to use electronic signatures rather than paper documents.**

Chair's signature_____ Date_____

Step 6: *Faculty Evaluator*-**Evaluator Completes:**

How will the student be evaluated? Check all that apply.

❑ Portfolio review   ❑ Challenge exam   ❑ Other

Step 7: *Dean*-**Reviews the plan:**

Submit form and plan to the Dean for review.

Dean approves the plan ❑ Yes   ❑ No If no, notify chair and student about the reason.

Dean approves the reviewer ❑ Yes   ❑ No If no, notify chair and student about the reason.

❑ **By checking this box, you consent to use electronic signatures rather than paper documents.**

Dean's signature_____ Date_____

Step 8: *Faculty Evaluator*-**Review of evidence:**

Designated faculty member reviews the submission to determine if the student has met the course outcomes to a sufficient degree.

❑ Satisfactory   # of credits awarded _____   Assessment year/term_____

❑ Unsatisfactory (no credits awarded)

If unsatisfactory, notify student and department about the reason.

❑ **By checking this box, you consent to use electronic signatures rather than paper documents.**

Faculty Evaluator Signature_____ Date_____

Step 9: *Faculty Evaluator*-**Transcription:**

Faculty reviewer or department chair submits this form to the Office of Records and Registration for transcription (AS 118). Cannot be delivered by the student.

❑ **By checking this box, you consent to use electronic signatures rather than paper documents.**

Office Use Only: Credits Awarded _____   _____
                                        (Date)   Records and Registration Signature