



Cleveland State COMMUNITY COLLEGE

3535 Adkisson Drive • PO Box 3570
Cleveland, TN 37320-3570
(423) 472-7141 • (800) 604-2722
www.clevelandstatecc.edu

Application for Prior Learning Assessment

(Please Print)

Major/Program of Study

Student's Name (Last) (First) (MI) Student's ID#

Street Address (City) (State) (Zip)

Student's Signature Date

Credit by External Exam (Records use only; not required to be completed by student)

I am requesting credit based on official scores/transcript from the following exam: (Signatures below indicates that information has been verified)

- ACT
- SAT
- AP
- CPS/CAP
- CLEP
- DANTES/DSST
- NOCTI
- Student has not attempted course for which he/she is pursuing credit
- Student is currently enrolled and in good standing
- Credits are required for fulfillment of degree/certificate completion
- Submit official scores/transcript to Enrollment Services

Course Prefix Course Number Test Score Signature of Registrar/Records Staff Date

Credit by Military Training (Records use only; not required to be completed by student)

I am requesting credit based on official military transcripts from: (Signatures below indicates that information has been verified)

- ACE
- SMART
- AARTS
- Student has not attempted course for which he/she is pursuing credit
- Student is currently enrolled and in good standing
- Credits are required for fulfillment of degree/certificate completion
- Submit official scores/transcript to Enrollment Services

Course Prefix Course Number Test Score Signature of Registrar/Records Staff Date

Dual Credit Recognition (Student to complete top portion and sign)

I am requesting college credit for a course I completed in high school. (Signatures below indicate that information has been verified)

- Student has not attempted course for which he/she is pursuing credit
- Student is currently enrolled and in good standing
- Credits are required for fulfillment of degree/certificate completion
- Met with the Coordinator of Dual Credit at Cleveland State
- Completed Dual Credit Course Competency Test

Signature of Dual Credit Coordinator Date

Signature of Dean/Faculty Representative for Testing Date

Signature of Registrar/Records Staff Date

Use this space for Comments from Authorized Signatures:

Course Prefix Course Number Test Score

Portfolio Review for Credit (Student to complete top portion and sign)

I am requesting that my documentation be reviewed for consideration of course credit. (Signatures below indicate that information has been verified)

- Student has not attempted course for which he/she is pursuing credit
- Student is currently enrolled and in good standing
- Credits are required for fulfillment of degree/certificate completion
- Meet with appropriate academic Department Chair for advisement as to appropriate documentation to submit
- Pay fee at the Business Office (\$125)
- Submit Portfolio to appropriate academic Department Chair

Signature of Department Chair _____
Date

Signature of Division Dean _____
Date

Signature of VP of Academic Affairs _____
Date

Business Office Staff Signature _____
Date

Signature of Registrar/Records Staff _____
Date

Use this space for Comments from Authorized Signatures:

Course Prefix _____
Course Number _____
Test Score

Attach an additional sheet if more space is needed.

Credit by Institution Course Challenge Exam (Student to complete top portion and sign)

I am requesting to be considered for a course exam, not offered through CLEP, to prove my competencies in a required course for my program of study. (Signatures below indicate that information has been verified)

- Student has not attempted course for which he/she is pursuing credit
- Student is currently enrolled and in good standing
- Credits are required for fulfillment of degree/certificate completion
- Meet with academic advisor or Dean for advisement as to appropriate documentation to submit
- Pay fee at the Business Office (\$25)
- Take Course Challenge Exam

Signature of Advisor/Dean _____
Date

Business Office Staff Signature _____
Date

Signature of Registrar/Records Staff _____
Date

Use this space for Comments from Authorized Signatures:

Course Prefix _____
Course Number _____
Test Score

NOTE: A maximum of 50% of the total credit hours required for student's program of study may be earned through any combination of PLA. A minimum of 25% of total credit hours, required for a credential in the student's program of study, must be earned by completion of coursework at Cleveland State Community College. PLA credits do not count in the 25%.