



PETITION FOR PRIOR LEARNING CREDIT

TYPE OF CREDIT:  Directed Training     Cleary Exam     Proficiency Portfolio

Date Submitted: \_\_\_\_\_ Student/Social Security Number: \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ (area code)    Work Phone: \_\_\_\_\_ (area code)

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

Academic Advisor: \_\_\_\_\_

**DIRECTED TRAINING**  
Submit this form for each training experience; include **supporting documentation** for each experience.  
Hours in class: \_\_\_\_\_ Title of Training: \_\_\_\_\_  
Please attach the following supporting documentation:  
 Syllabus or outline of study     Completion certificate or letter from instructor

**OFFICE USE ONLY:**  
Number of credits granted: \_\_\_\_\_ Evaluator: \_\_\_\_\_ Date: \_\_\_\_\_

**CLEARY EXAM**  
Name of Course: \_\_\_\_\_ Course Number: \_\_\_\_\_

**OFFICE USE ONLY**  
 The Proficiency Exam was successful. The Records Office is hereby authorized to post credit to this student's transcript subject to all academic policies and regulations that apply.  
Number of credits granted: \_\_\_\_\_ Evaluator: \_\_\_\_\_ Date: \_\_\_\_\_  
 The Cleary Exam was failed. Evaluator's initials: \_\_\_\_\_ Date: \_\_\_\_\_

**PROFICIENCY PORTFOLIO**  
Name of Course: \_\_\_\_\_ Course Number: \_\_\_\_\_

**OFFICE USE ONLY**  
 Preliminary Approval – Begin portfolio development. Credit awarded depends upon review of the completed documentation provided in the final portfolio.  
 Comments/Suggestions: \_\_\_\_\_  
 Petition Denied Evaluator: \_\_\_\_\_ Date: \_\_\_\_\_  
 Final approval for Credit. Number of credits granted: \_\_\_\_\_ Evaluator: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE: One form must be completed for each course or training event.**