



Approval For Prior Learning Credit

Student Information

Name: _____
Last First Middle

A #: _____

The student's portfolio has been reviewed by the faculty of the Department and the student has been approved for Prior Learning Credit based on documented proof of previous work experience.

Please award the following courses and credit hours.

Subject	Course	Course Title	Credit Hours

*Prior Learning Credit will be awarded as Pass/Fail Credit.

Approved: _____ Date: _____
Department Chair Signature

Approved: _____ Date: _____
Advisor Signature

Please return the completed form to Towanja Williams in the Office of the Registrar either via email (williamst@apsu.edu) or to Ellington Rm. 317. If you have questions, please call 931-221-6448.