



Central Louisiana Technical Community College

Prior Learning Credit

Name: _____

Student I. D. # _____

Campus: _____

Program Major: _____

I wish to get credit for the following course:

Course Title/Name _____

Course No. and Prefix _____ Credit Hours: _____

Student Signature: _____ Date: ____/____/____

Instructor/Department Head: _____ Date: ____/____/____

For Official Use Only

ADMINISTRATIVE FEE PAYMENT \$ _____ Amount
Paid: [] Cash [] Check [] M.O. [] Credit Card _____
Staff I.D. _____ Date ____/____/____

APPROVAL OF CREDIT
Source of credit: ___ CLEP/AP ___ Non-Credit Training (HS, Military, other)
___ Challenge Exam ___ License/Certificate ___ Portfolio
Describe: _____
Instructor/Evaluator _____ Date ____/____/____

PROCESSING AUTHORITY
Received by: _____ Date ____/____/____
Records Office

