



# Application for Prior Learning Assessment

First and Last Name: \_\_\_\_\_ GNTC Student ID Number: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt/Lot/Suite: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ GNTC Student Email Address: \_\_\_\_\_

Program of Study: \_\_\_\_\_

Please select the Prior Learning Assessment Credit options requested (check all that apply):

- Military training
- Credit by Competency Exam
- Documented Learning
- Work Experience
- Non-transferable Credit

PLA Request for Credit Table  
(To Be Completed by Student and/or Advisor)

Course Number	Course Title	Credit Hours

I certify that the information provided on this form and all supporting documentation is true and correct. I understand that I am not guaranteed a credit award and that the final decision in all matters relating to the granting of academic credit rests with the Registrar and/or the Vice President for Academic Affairs.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\*For Official Use Only\*

Date Received: \_\_\_\_\_

Printed Name of GNTC Official Receiving PLA Packet: \_\_\_\_\_

Signature of GNTC Official Receiving PLA Packet: \_\_\_\_\_