



Application for Prior Learning Assessment Credit
through Work Experience

First and Last Name: _____ Student ID: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ GNTC Student Email : _____

Program of Study: _____

1. Complete the following:

Course Number:	Course Name:	Credit Approved:	Credit Not Approved:

(Please contact program advisor or Dean if unsure how to equate certification and/or licensure to course credit)

2. Attach a copy of your current certification, licensure, or other documentation.
3. Name of certification, licensure or other documentation:

4. Expiration date of certification, licensure, or other documentation:

5. Attach a brief explanation stating how your certification, licensure, or other documentation applies to the course for which credit is being requested.
6. Sign below and submit this form with attached documentation to the Program Dean for processing.

Required Signatures:

	Signature:	Date:
Student		
Faculty Subject Matter Expert**		
Program Dean**		
Vice President of Academic Affairs		
Registrar		

Faculty Subject Matter Expert/Program Dean is to attach crosswalk of competencies