JACKSON COLLEGE
Credit for Prior Learning FORM

This form is for a student requesting to be granted credit for a prior learning experience.
THIS DOCUMENT DOES NOT GUARANTEE THAT YOU HAVE MET ALL GRADUATION REQUIREMENTS!
PLEASE CHECK WITH YOUR ACADEMIC ADVISOR.

Name _______________________________ Student ID Number _______________________________
Address _______________________________ Degree/Cert _______________________________
City __________ State ________ Zip ________ Catalog of Entry _______________________________
Phone _______________________________ ☐ Cell ☐ Home

Initiated By _______________________________ Ext. __________ Date __________

Listed below are the deficiencies found according to the program requirements for the degree requested by the student.
ALL DEFICIENCIES MUST BE ADDRESSED!

Requested courses to be credited:

Please provide appropriate supporting documentation for the prior learning experiences. (Attach additional
documents if needed).

________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

I have reviewed the above request for the courses listed for the degree/certificate and agree/disagree.

☐ Agree ☐ Disagree                  ☐ Agree ☐ Disagree
Reason: __________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

Department Chair of Program __________________ Date __________

Department Chair of course __________________ Date __________

I agree/disagree with the above decision.

☐ Agree ☐ Disagree                  ☐ Agree ☐ Disagree
Reason: __________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

Academic Dean __________________ Date __________

Registrar __________________ Date __________

Prior Credit granted for required Work-Based Learning Experience has been forwarded to the Employment Hub at:
JC-CCE@jcemi.edu
☐ check once complete

Revised 01/31/2022