

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
Reason: _____

☐ Agree ☐ Disagree
Reason: _____

Department Chair of Program _____

Date _____

Department Chair of course _____

Date _____

I agree/disagree with the above decision.

☐ Agree ☐ Disagree
Reason: _____

☐ 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@jccmi.edu**

☐ check once complete