

# 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 STUDENT SUCCESS NAVIGATOR.

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: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Department Chair of Program \_\_\_\_\_ Date \_\_\_\_\_

Agree  Disagree  
Reason: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Department Chair of Course \_\_\_\_\_ Date \_\_\_\_\_

**I agree/disagree with the above decision.**

Agree  Disagree  
Reason: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Academic Dean \_\_\_\_\_ Date \_\_\_\_\_

Agree  Disagree  
Reason: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Registrar \_\_\_\_\_ Date \_\_\_\_\_