Request for Transfer or Prior Learning Assessment (PLA) Evaluation

To receive credit not generally accepted which has been earned at a college or university not regionally accredited or based on prior learning a process of evaluation and assessment of content and knowledge of the student’s learning outcomes must be assessed. Please complete this form to be routed to the appropriate academic dean.

This form must be accompanied by supporting documentation.

TO BE COMPLETED BY STUDENT (please print):

Name: ______________________________________________________________________________________

JSCC ID: J_______________________ Intended Program of Study at JSCC:________________________________

Street Address: ________________________________________________________________

City: __________________________ State: __________________ Zip: ______________

Best method of contact:________________________________________________________________________

I am requesting evaluation of credit for courses/training I received from:_____________________________

___________________________________________________________________________________________

Student Signature (required): ______________ Date: __________________

TO BE COMPLETED BY DEAN:

This request is being denied based on:____________________________________________________________

___________________________________________________________________________________________

___________________________________________________________________________________________

This credit is being awarded based upon (select one):

Work/Life Experience Military Training Corporate/Industry Training

Other (please describe): ______________________________________________________________________

Transfer Course/Information Credit Hours JSCC Course Equivalent Date

___________________________________________________________________________________________

___________________________________________________________________________________________

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Approved by: __________________________________________________ Date:________________________

Academic Dean

Approved by: __________________________________________________ Date: ______________________

(Required) VP of Academic Affairs

FOR REGISTRAR’S OFFICE USE ONLY

Date Received: __________________________ Entered By: __________________________

Registrar’s Office Signature