Credit for Prior Learning Form

Minnesota State University MANKATO

This process must be completed in the order shown on the form. The student is responsible for routing the form through the assessment step. After the assessment is finished, the Assessor, Department Chair, and Dean should each complete their sections in sequence. Once all approvals are obtained, the form should be submitted to Registration and Academic Records (WA 132) by the Dean's Office.

1. **Student Information:** Completed by the student prior to submission.

Date Submitted: _____ MSU Tech ID: _____ Student Name: _____

The MSU Mankato course for which the assessment for credit is requested:

Course Subject and Number (ex. PSYC 101): _____ Number of Credits: _____

Course Title: _____ Is this course required on your degree audit? ☐ Yes ☐ No

Description of previous background experience which justifies this request:

2. **Assessment Recommendation:** Completed by Department Chair.

☐ Approved ☐ Not Approved Department Chair Signature: _____

Assessment Administration Information

Assessor Name: _____ Date: _____ Location: _____

Type of Assessment Requested

☐ Portfolio Review (IC30) ☐ Skills Demonstration (IC32) ☐ Research Paper (IC34) ☐ Multiple Assessment Used (IC36)
☐ Credit by Exam (IC31) ☐ Oral Interview (IC33) ☐ Project Evaluation (IC35) ☐ Creative Process Demonstration (IC37)

3. **Cashiers Office:** Completed by Cashiers Office, WA 128 (Fee of $100.00 per credit hour, receipt must be attached to this form)

Fee Paid: _____ Date: _____ Cashier Signature: _____

4. **Assessment:** Completed by the Assessor.

Course Assessed (ex. PSYC 101): _____ Credit Hours: _____ ☐ Pass ☐ Fail

Assessor Name: _____ Assessor Tech or Star ID: _____

Assessor Signature: _____ Date: _____

5. **Approvals:** Completed by the Department Chair and Dean.

The Deans of Colleges and Department Chairpersons are reminded that the Curriculum Committee indicated on February 14, 1961, that credit for prior learning is to be given only for an extremely high level of efficiency, usually represented by a grade of A or B on the assessment.

Attach Payment Receipt Here

Department Chair Signature: _____ Date: _____

Dean's Signature: _____ Date: _____

Is the Assessor to be paid? ☐ Yes ☐ No Term to be paid (i.e. Fall 25): _____

6. **Registration and Academic Records/Graduate Studies:** Completed by Registration and Academic Records/Graduate Studies.

Graduate Studies (Final Check and Initials): _____

Registrar's Signature: _____ Date: _____