## CREDIT FOR PRIOR LEARNING PORTFOLIO COVER SHEET

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Student Name			Student ID Number	
Degree/Award sought (e.g. AAS, Certificate, Diplom		e, Diploma)	Term Completed	
Student Email Address			Daytime Phone	
Student Address		City	State	Zip Code
COURSE CREDIT SOUGHT: Program or Department		Faculty Ev	aluator:	
Course Code & Number:	Course Name:			Course Hours:

Date Portfolio Fee Paid \_\_\_\_/\_\_\_/ The assessment fee must be paid prior to assessment of portfolio and any credit award. (Include copy of receipt.)

> FOR QUESTIONS REGARDING CPL: Credit for Prior Learning Coordinator CPL@southcentral.edu 507-389-7394

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