



CREDIT FOR PRIOR LEARNING PORTFOLIO COVER SHEET

Student Name

Student ID Number

Degree/Award sought (e.g. AAS, Certificate, Diploma)

Term Completed

Student Email Address

Daytime Phone

Student Address

City

State

Zip Code

_____		_____	
_____		_____	
_____	_____		_____
_____	_____		_____

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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