Universal Application for Prior Learning Assessment

(Please Print)

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<tr>
<th>Last Name of Student</th>
<th>First</th>
<th>MI</th>
<th>Application Date</th>
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<th>Student ID#</th>
<th>Phone</th>
<th>Alternate Phone</th>
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<th>Street Address</th>
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Signatures on this form indicate that the advisor has checked and student is aware that:

- Student must have completed at least 6 non-developmental credit hours at SouthArk before the credit can be transcripted.
- No more than 50% of the credits on a certificate program or 50% of the credits on an associate’s degree may be earned from Prior Learning Assessment methods, up to 30 hours total.
- The process to evaluate credit will be completed within 5 working days of the application date.

______________________________ _________________________ _________________________
(Printed Name and Signature of Admissions/Advising Staff) (Date)

Student Consent:
This application is a request to have my non-traditional learning experiences assessed. It does not guarantee the award of credit. I am aware that up to 50% of certificate or associate degree coursework may be earned through prior learning assessment (PLA).

______________________________ ________________
(Student Signature) (Date)

1) **Credit by External Competency Exam** – Gain credit through national exams (CLEP, AP, DANTES)
   - Test Taken ______________________ Seeking Credit for ___________________________
   - Score: ____________
   - Course Prefix ____________ Course # ____________
   - *attach copies

2) **Credit by Internal Challenge Exam** – Gain credit through exams used by SouthArk department faculty.
   - Is test score passing?  □ Yes  □ No
   - Course Prefix ____________ Course # ____________  * Score ____________
   - Even if the score is not passing, scan documentation to indicate that the challenge was attempted.

3) **Credit by ACE Workplace Education Training** – Gain credit through training programs evaluated by the American Council on Education (visit http://www2.acenet.edu/credit for ACE credit evaluations) evaluation copies attached.
   - Ace ID ____________ Seeking Credit for ___________________________
   - Course Prefix ____________ Course # ____________
   - □ Match  □ No Match

4) **Credit by Professional Training** – Gain credit through evaluation of professional training, certificate copy attached.
   - Certificate Description ____________ Seeking Credit for ___________________________
   - Course Prefix ____________ Course # ____________
   - □ Match  □ No Match

5) **Credit by Joint Services Transcript Evaluation** – Gain credit through evaluation of military training, evaluated by the American Council on Education or evaluation of military training course description. Copy of the JST attached.
   - Ace ID ____________ or Military Course ID ____________ Seeking Credit for ___________________________
   - Course Prefix ____________ Course # ____________
   - □ Match  □ No Match

Last Name of Student ____________________________  First_________ MI ______

Student ID# ____________________________ Phone ____________ Alternate Phone ____________

Street Address ____________________________ City/State ZIP ____________ Email Address ____________________________

Revised 9/02/2016  Student Services
### Universal Application for Prior Learning Assessment

#### 6) Credit by DD214 Evaluation

- **Gain credit through evaluation of military training, DD214 copy attached.**

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#### 7) Credit by Evaluation of Prior Learning by Licensure/Certification

(Gain credit with current licensure or certification.) Attach copies of licenses or certifications.

**A) Professional Licensure**

- **Institutional review required.**

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- **Seeking Credit for**

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**B) Professional Certification**

- **Institutional review required.**

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#### 8) Credit by Portfolio for Prior Knowledge/Skills

(Credit earned through the professional review of a portfolio demonstrating that current course learning skills and objectives are met. Credit may not be transferable.) Application must be attached to portfolio when presented for evaluation and remain with the portfolio until approved.

- **Semester enrolled in Portfolio Development program**

- **Year**

- **Portfolio Development Instructor**

- **Seeking Credit for**

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**Signature(s) below indicates verification that credentials/evidence presented meet criteria for award of credit for the following SouthArk course:**

- **Signature of Registrar’s Office**

  - Date

(For External Exams and ACE evaluated training)

- **Signature of Academic Dean**

  - Date

(Only req. for Professional/Military training not evaluated by ACE, Challenge exams, Licensure and Certification)

- **Signature of Vice President of Learning**

  - Date

(Only req. for Portfolio Evaluation)