## **Credit for Prior Learning Request Form**

## **Instructions to Student:**

To receive credit for previous training and/or experience, the requested credits must be applicable and required for the degree you are seeking at Tusculum University. You should

consult your advisor if you have your degree. Please ensure you	•		•	
You have read and under prior learning webpage c				versity credit for
2) You have reviewed the co	•	in the ca	talog located at	
	STUDENT IN	FORMA	TION	
Full Name:		Student ID #:		
Address:	City:		State:	Zip:
Email Address:		Degree/F	Program: AA, AS, BA, E (circle	
CREDITS BEING RE	QUESTED (Us	e separ	ate form for each	course)
Course		Course Name		
I acknowledge the information the evidence and justification a Student Signature:	ttached to this re	equest aı	re true and accurate.	
Business Office (to be comple	ted by the Busin	ess Offic	e)	
Prior learning fee:	Date Paid:		Received by:	

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Once the Business Office has signed above, the student submits the request in the following manner **APPROVAL DECISION** ( ) The request for credit has been approved. ( ) The request for credit is denied. The justification and evidence presented does not fulfill the minimum requirements to award credits for the class request. ( ) The request is being returned to the student for additional justification and evidence before a decision is made. Department Chair: Date: College Dean: \_\_\_\_\_\_ Date: \_\_\_\_\_ JUSTIFICATION AND EVIDENCE TO SUPPORT PRIOR LEARNING CREDIT By completing this form, the student acknowledges that it is their responsibility to ensure that the justification and evidence provided is sufficient to support award of the credits requested. Course/Course Name: