

CREDIT FOR PRIOR LEARNING

BROWARD COLLEGE

REQUEST FOR PRIOR LEARNING ASSESSMENT CONSIDERATION

Student Name	
Student ID	
Program	
Program Code	
Acknowledgement	<i>By signing this form I, the student, acknowledge that I have read the following statement: Articulation and/or Prior Learning Assessment credits appear on student transcripts as "CR" Students planning to transfer to other institutions should contact the college or university to determine if Prior Learning credits are accepted.</i>
Student Signature	
Date	

INSTRUCTIONS

Complete your sections and then provide the form to your advisor for review and approval
 After your advisor approves, attach this, along with any other requested documentation, to your online PLA Request Form
 Do not fill in the gray shaded areas of the form
 Use a second form if you are requesting more than 6 courses

Request Courses	Course Number & Name	Advisor Recommendation		PLA Specialist Recommendation	
		Yes	No	Yes	No
1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Qualifying Experience					
2		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Qualifying Experience					
3		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Qualifying Experience					
4		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Qualifying Experience					
5		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Qualifying Experience					
6		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Qualifying Experience					

PLA Specialist Name	
PLA Specialist Signature	
Submitted To PM / AD / Professor	
Advisor Name	
Advisor Signature	<i>I confirm that courses are part of the student's degree audit</i>