Directions: Students who wish to have prior learning evaluated should meet with the instructor of the course to determine whether they should receive credit. Students must pay for the Credit by Evaluation prior to being evaluated. Please see below for section by section instructions.

Section 1: After discussing with the instructor, students complete section #1 in its entirety and submit to Academic Affairs.

Section 2: The Supervising Dean will approve or deny the request in Section #2, and route the form to the instructor.

Section 3: The instructor will contact the student and have the student bring the form to the CLC Bookstore and pay the fees for the course(s). Business Services will complete Section #3.

Section 4: Student shall be evaluated by a CLC Instructor Evaluator. The instructor will complete section #4. The student will receive an “S” (Satisfactory) or “U” (Unsatisfactory) grade for the course. The form will then be routed to Student Services.

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**Section 1: Student Section**

| Last Name: ___________________________________ | First: __________________ | Middle: ____________ |
| SSN or Tech ID: ______________________________ | Date of Birth: ___________ |
| Address: ______________________________________ | City: ___________________ | State: ___________ | Zip: ________________ |
| Home Phone #: ________________________________ | Cell Phone #: ___________ |
| E-Mail: ____________________________ |

Check one:   [ ] Fall    [ ] Spring    [ ] Summer    Year: _________

<table>
<thead>
<tr>
<th>Department</th>
<th>Course #</th>
<th>Credits</th>
<th>Course Title</th>
<th>Instructor Name</th>
</tr>
</thead>
</table>

Student Signature * ______________________ Date: ______________________

Instructor Signature * ______________________ Date: ______________________

*By signing, I am indicating I have read and agree to abide by the CLC Credit by Evaluation Policy
Section 2: Academic Affairs Section
Supervising Administrator (Dean) Name: __________________________________________
Dean Signature for Approval: ___________________ Date: __________________

Section 3: Business Services Section
Total Credits _____cr X $40.00 = $____________
Total Charges $____________
Business Services Signature indicating payment ___________________ Date________

Section 4: Instructor Section:

<table>
<thead>
<tr>
<th>Course Title</th>
<th>Testing Date</th>
<th>Grade (S/U)</th>
<th>Instructor Evaluator Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Description of Prior Learning Evaluated (Attach Documentation if necessary):

Do you want to establish a permanent equivalency for this Credit for Prior Learning?  [ ] Yes  [ ] No

For office use only
Record & Registration: __________________________________________ Date: __________________
Business Services: __________________________________________ Date: __________________
Human Resources: __________________________________________ Date: __________________

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