Credit for Prior Learning Evaluation Request Form

Students may request to have prior learning evaluated through examinations, performance, product evaluation, review of experiential portfolios and nonacademic credentials by Central Lakes College (CLC) faculty. Students must be enrolled at CLC to be eligible and are unable to receive this assessment if they have previously taken the course or are currently registered for it. Students are not eligible for financial aid for credits obtained through this process.

Process: Students are responsible for contacting an instructor to perform the evaluation. If the instructor agrees to perform the evaluation, the students pay for the assessment at the Bookstore. Note that the evaluation fee is non-refundable and does not guarantee credit granted. The student brings the form along with the paid indicator to the instructor, who performs the assessment and issues a grade of “S” (Satisfactory) or “U” (Unsatisfactory). The instructor routes the form to Academic Affairs for faculty payment and approval to set up a course. Academic Affairs routes the form to the Records Office for course set up and recording successful assessments on the student’s transcript.

Step 1 – Student completes this section.

Name: ___________________________________________ Student/Star ID #: _______________________

Phone #: ___________________________ Email: ______________________________________________

Student Signature*: __________________________ Date: __________________________

Have you previously enrolled in this course? □ No □ Yes (If Yes, ineligible)

Are you currently enrolled in this course? □ No □ Yes (If Yes, ineligible)

Are you using military benefits? □ No □ Yes

*By signing, I am indicating I have read and agree to abide by the CLC Credit for Prior Learning Policy.

Step 2 – Student arranges for an instructor to perform the prior learning evaluation. Instructor completes this section prior to the evaluation and gives to student.

Course (ex. ENGL1105): __________________ Course Title: _________________________________________

Number of Credits: ______________

Instructor Responsible for Test Out: _______________________________________________________

Instructor Signature: __________________________ Date: __________________________

Is the student currently registered for this course? □ No □ Yes (If Yes, ineligible)

Step 3 – Student pays for the assessment at the Bookstore. Bookstore adds the test out fee ($75/cr) and applies the payment. Bookstore completes this section and returns to student.

# Credits: _____ Amount Charged: _____ Trans # __________________ Initials: ________ Date: ___________

# Credits: _____ Amount Paid: _____ Trans # __________________ Initials: ________ Date: __________

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Step 4 – Student provides the form to instructor for evaluation. Instructor completes this section and provides to Academic Affairs.

Evaluation Date: ____________ Assessment Results: ☐ Pass (credit earned) ☐ Fail (no credit earned)
Cost Center of course’s Academic Dept: ______________ Lecture Credits: _____ Lab Credits: ______

Assessment Type (circle one):
IC30 - Portfolio review
IC31 - Test out (Credit by Exam)
IC32 - Skills demonstrations
IC33 - Oral interview
IC34 - Written research papers
IC35 - Project evaluation
IC36 - Multiple assessment types used
IC37 - Creative process demonstration

Step 5 – Academic Affairs completes this section for scheduling/instructor payment and provides to Records Office (registration@clcmn.edu).

Academic Dean’s Signature: ___________________________ Date: ______________
Date entered into FWM: ____________ By: ___________ Assignment type 2217, Additional

Step 6 – Records Office completes this section for course creation, registration, grade entry and saving to student’s electronic file (save as type CLC RG Test Out).

Create course with Session Type 10, Section 99, Special Credit Type circled above, Instructional Unit Type Q, Grade Method 05 – Test Out (blocks financial aid; remove all other Grade Methods), Schedule “Arranged,” Instructor Credits = 0, and Max Seats = 1.

Created Course ID #: ______ Semester: _________
Registered Student: ______ Entered Grade: ______
By: ___________________________ Date: ______________

CLC Contact Information:

Brainerd Campus
501 West College Drive
Brainerd, MN 56401-3900
1-800-933-0346 or 218-855-8000
Fax: 218-855-8269
askclc@clcmn.edu

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Staples, MN 56479-3252
1-800-247-6836 or 218-894-5100
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