

St. Cloud Technical & Community College CREDIT FOR PRIOR EXPERIENTIAL LEARNING BASED ON LIFE/WORK EXPERIENCE

- I. Policy - St. Cloud Technical & Community College students may apply to obtain course credit based on previous relevant life/work learning experience. The learning experience shall be from employment or workshop learning, recent and relevant, and of satisfactory performance. Students must demonstrate college level learning through a portfolio process.**
- A. Hour/Credit Ratio**
College credit granted shall not be based on hours of experience but on relevant college level learning attained. Learning must meet standards as set by course syllabi/outline.
- B. Recency**
The life/work experiences must have taken place within 5 years prior to the request date.
- C. Self-Employment/Volunteer Work**
Students may submit self-employment and/or volunteer experience for consideration. The department chairperson and faculty evaluator will establish individual criteria for evaluating such experience on a case-by-case basis. A life learning paper may be required as part of the portfolio.
- D. Grade**
Credit awarded for college level learning shall be noted on the official student transcript with a grade of "P"
- E. Cost**
A non-refundable \$90/ lecture/lab credit shall be assessed prior to evaluation for each course for which college credit is being requested.
- II. Procedures**
- A. Compile a portfolio which may consist of:**
- A completed Verification of Work Experience form.
 - A completed Request for Credit Based on Life/Work Experience form.
 - Student transcript and current semester schedule.
 - Student narrative explaining how prior learning meets standards as set by course syllabi/outline.
 - Course syllabi or outline for all courses for which credit is being requested - outlines can be obtained from the curriculum office or syllabi can be obtained from the faculty member who will be evaluating the portfolio.
 - Seminar/workshop content outlines and completion certificates.
 - Relevant work samples, letters of recommendation, licenses.
 - Life learning paper.
 - Performance of competency.
- B. Obtain Signature of Division Dean and Registrar**
- C. Pay non-refundable fee of \$90/ lecture/lab credit for each course for which credit is being requested.**
- D. Submit to the Office of Records and Registration.**
- E. Registrar will forward portfolio to a faculty member trained in prior learning assessment. The student will receive a written response within thirty days.**
- F. Appeals may be forwarded to the Vice President of Academic Affairs. Appeals will be answered in writing within two weeks.**
- G. The Office of Records and Registration will retain permanently all documents used to verify the credit award for experiential learning.**
- III. Forms**
Request for credit forms are available in the Office of Records and Registration.
- St. Cloud Technical & Community College
1540 Northway Drive
St. Cloud, MN 56303
320 308-5075

**REQUEST FOR CREDIT
BASED ON PRIOR LEARNING**

Section I: Applicant Section

Name: _____

Address: _____

Phone: _____

Student ID #: _____

Major: _____

Section II: Courses Considered based on Prior Learning

I have demonstrated competency in the coursework listed below based on the following (please check those which apply):

- Workshops, seminars and other non-credit classroom experience
- Work experience including company sponsored training
- Military service/training
- Self-employment
- Other: _____
- Apprenticeship training
- Volunteer Work

I request college credit for the following required courses:

| Subject/Number | Course Title | Credits Lec/Lab | Evaluator Use ONLY | |
|----------------|--------------|--------------------|--------------------|---------------------|
| | | | Approved Yes/No | Evaluator Signature |
| | | | | |
| | | | | |

Applicant Signature

Section III Portfolio Preparation

It is the applicant's responsibility to develop all documents to be considered. The assessment of prior learning will be based on the documents presented. The portfolio should include at a minimum:

1. Completed Request for Credit Based on Life/Work Experience forms
2. Completed Verification of Work Experience form
3. Course outline or syllabi for all courses for which credit is being requested—outlines can be obtained from the curriculum office or syllabi can be obtained from the faculty member who will be evaluating the portfolio.
4. Current official student transcript and/or class schedule
5. Narrative explaining how prior learning meets standards as set by course syllabus/outline
6. Content outlines of non-credit classroom experiences and certificates of completion if available
7. Life learning paper or performance of competency may be required by evaluator

Section IV: Academic Dean, Registrar and Business Office Signatures

A. I have reviewed and approve the processing of this request for Credit for Prior Experiential Learning.

Division Dean Signature _____

B. I have reviewed the applicant's file and find that the applicant does not have a previously recorded grade at St. Cloud Technical & Community College or other post-secondary institutions for the same or similar course.

Registrar's Signature _____

C. The fee (\$90/ lecture/lab credit) of \$_____ was received by:

Business Office Signature: _____ Date: _____

Section V: Evaluation of Prior Learning

Explain how student has/has not demonstrated competency as set by standards in the course syllabus for coursework as indicated in Section II. Indicate whether applicant will need to enroll in the required course.

Evaluator Name(Printed): _____

Date:: _____

Signature: _____

Section VI: Registrar's Section

Please forward the completed form to the registrar for final processing and storage

____ Prior learning approved for credit toward fulfillment of degree requirements

____ Course credit has been entered on the student transcript

Registrar Signature

Date

Section I: Applicant Section

I agree to the release of information by my employer/former employer as indicated below for the purpose of obtaining college credit based on live/work experience.

Applicant Signature

DATE

Section II: Employer Section (Please return completed form to St. Cloud Technical & Community College)

Employer Name _____

Employer Address _____

Employee's Job
Title/Position _____

Length of Service _____

Start Date

to

End Date

Average Hours
Worked/Week _____

Describe the employee's top five job duties.
(Please attach a complete job description if possible.)

Evaluate the employee's job performance.

Employer Signature

Typed Employer Name

Telephone Number

Date