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. A completed Verification of Work Experience form.
      b. A completed Request for Credit Based on Life/Work Experience form.
      c. Student transcript and current semester schedule.
      d. Student narrative explaining how prior learning meets standards as set by course syllabi/outline.
      e. 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.
      f. Seminar/workshop content outlines and completion certificates.
      g. Relevant work samples, letters of recommendation, licenses.
      h. Life learning paper.
      i. 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

Revised 02/01/2021
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

☐ Apprentice training

☐ Self-employment

☐ Volunteer Work

☐ Other: ____________________________________________

I request college credit for the following required courses:

<table>
<thead>
<tr>
<th>Subject/Number</th>
<th>Course Title</th>
<th>Credits Lec/Lab</th>
<th>Approved Yes/No</th>
<th>Evaluator Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Evaluator Use ONLY

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 least 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: ______________

Revised 02/01/2021
VERIFICATION OF WORK EXPERIENCE (If Applicable)

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 ___________________ to ___________________

Start Date ___________ 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 __________

St. Cloud Technical & Community College is a member of Minnesota State and is accredited by the Higher Learning Commission. Affirmative Action/Equal Opportunity Education and Employer. SCTCC honors state and federal disability laws. This document is available in alternative formats to individual with disabilities by calling (320) 308-3227 or 1 (800) 222-1009 or TTY.