



Request for Credit for Prior Learning

Enrollment Services Department

Phone: (951) 465-7887

e-Document Submission: <https://msjc.edu/hub/>

- FALL 20__
- SPRING 20__
- SUMMER 20__

STUDENT INFORMATION

Name: _____ Student ID#: _____

Email: _____ Phone #: _____

CREDIT FOR PRIOR LEARNING INFORMATION

MSJC Program/Major: _____

(Note: Nursing or DMS programs will be reviewed as Science program)

I request Credit for Prior Learning for the following course:

Course Number: _____ Course Title: _____

- Portfolio
- Workforce Training and Professional Development
- Industry Recognized Certifications/Credentials
- Credit by Exam

Student Comments: _____

I can confirm:

- I am not enrolled in nor previously completed the course that I am requesting credit for.
- I understand my request for CPL will not be completed if I do not submit documentation of my learning.
- I must pay the enrollment fees for this course, and it will not be covered by Financial Aid.
- I reviewed my request for Credit for Prior Learning with my Counselor.
- I confirm I am a current MSJC student with a declared Program of Study to which the requested credit will apply. I understand if credit is awarded, I must still complete MSJC graduation residency requirements and the credit awarded counts toward the maximum time frame standard of academic progress.

Student Signature (Required)
Date

DEPARTMENT CHAIR/FACULTY

I approve of this course as being eligible for Credit for Prior Learning and will make arrangement with the student to review their portfolio, training/licensing, or to complete an exam by the deadlines posted on the Important Dates calendar. If approved, I will submit a Change of Grade request to indicate the student's letter grade so it may be posted to their student record.

Dept Chair/Faculty Signature (Required)
Date