Application for Prior Learning Assessment by Portfolio (PLA-P)

This application is to be returned to the PLA-P Coordinator with a copy of the course syllabus for which credit is being sought.

Form must be typed. No handwritten forms will be accepted.

Student Information

Name: _____ _____ _____ Student J Number: J00_____
First Middle Initial Last

Street Address: _____ Phone Number: _____

City: _____ State _____ Zip Code _____ University Email: _____

Major(s)/Concentration(s): _____ Minor(s): _____

Anticipated graduation term: _____ _____
Semester Year

Course for which PLA-P credit is being sought

Subject	Course #	Title	Credit hours

Department Chair - I approve that PLA by Portfolio credit will be allowed for this student.

_____ _____
Signature Date

Instructor of record - I approve that I will evaluate this student's PLA portfolio for the above course.

_____ _____
Signature Date

Academic Advisor - I approve that:

- ☐ The course being sought is within the students degree plan.
- ☐ This student will not have more than 30 hours of alternative credit.
- ☐ This student will complete at least 30 hours of 300/400 level in-residence credit from USA (PLA-P credit does not count toward in-residence hours)

_____ _____
Signature Date

Student

_____ _____
Signature Date

PLA-P Coordinator

_____ _____
Signature Date

Revised April '26