Oakton
Community College

Student Application for Prior Learning Assessment Credit for Professional Training

Use this application to apply for Oakton credit based on learning that occurred in Non-Credit Courses, Continuing Education, Workshops, Professional Training / Licensing, or for Proficiency Awarded at Another Institution.

Name: _____

Address: _____

_____

Telephone: Home:_____Work:_____Cell:_____

Email:_____

Oakton ID: _____

I am applying for credit for learning that occurred in non-credit courses, continuing education, workshops, professional training / licensing, or proficiency awarded by another institution.   I believe this is equivalent to the learning that would occur in the following Oakton course(s):

Oakton Course Prefix, Number and Title: Credit Hours:

_____   _____

_____   _____

I understand that Oakton College reserves the right to review the evidence of learning outcomes achieved through prior learning, to determine Oakton course equivalencies for this prior learning, to evaluate the extent to which evidence indicates knowledge and skills commensurate with those expected of a student earning a C in the course(s), and to award Oakton credit accordingly. Some programs may require a minimal grade of "A" or "B" for alternate credit to be awarded. I further understand that submission of evidence does not in any way obligate the College to award credit.

Student Signature:_____   Date:_____

For office use only – to be completed by Department Chair

Describe the evidence and process for assessing it, indicating the learning outcomes achieved and the knowledge and skills evidenced that are commensurate to those expected of a student earning a C or higher grade in the equivalent Oakton course(s) that are recommended. **Please attach a description of the process used and the evidence reviewed, these will be retained by the Office of Registrar Services.**

Oakton Course(s) recommended for credit:
Course Title   Credit Hours

_____   _____

_____   _____

The review process is complete and no credit is awarded at this time.

Signature: _____   Date:_____
              Faculty

Signature: _____   Date:_____
              Dean of the Division

Signed copies to: Asst. Vice President for Academic Affairs Chair, Division office, Student