Louisiana Delta Community College Request for Credit for Prior Learning

Challenge | Credit for Prerequisite Not Taken | Portfolio Assessment

Step 1: Stude	nt Informatio	n (to be c	ompleted	by stude	nt)	•					
First Name	First Name M.I.				Last Name			Delta Student ID Number			
Address					City				State	Ž	ZIP
() Daytime Pho	ne Number				E-mail Add	ress					
I request approv		or learning	g credit fo	r the follo							
	Date										
Students must b	e currently enro	olled at Lo	ouisiana	Delta C	ommunity (College to	apply for P	rior Lea	rning credits.		
Step 2: Type	of Credit and	Courses	Reques	sted (to l	be completed	by student a	and submitted	to appro	oriate division cha	air for a	approval)
The type of	prior learning c	redit I am	requesting	g is: <i>(plea</i>	ase check o	ne)					
	Challenge		Portfolio A	ssessmer	nt 🗆 MO	J Agreemer	nt				
I am reques	sting credit for th	ne followin	g semeste	er/year:							
Semester	(please check or	ne)	Fall		Spring	☐ St	ummer	Y	'ear:		
Subject/Catalog	g#	Tit	ile		Credits	F	aculty (Print	t Name)	D	ate	Registrar
DIVISION CHA	AIR APPROV	AL		(P	rint and S	ign Name		_ DA	ATE:		
Step 3a: Fee I	Payment (to be	e complete	ed by dep				·				
Type of Credit (please check one)					Fee Per Course Nu			mber of Courses Total			
☐ Challenge – department prepared test					\$50			\$			
☐ Challenge – externally prepared test				\$20			\$				
☐ Portfolio Assessment/MOU Agreement				No Charge				\$			
Department					Org	or Departme	ent ID	Acct Code	e Amount		
	•						•			\$	
										\$	
	Total										
Note: Form to b										caden	nic
Step 3b: Fee I	Payment (to b	e complete	ed by Pay	ment and	d Disbursen	ent Cente	r if required)				
Amount received	d:			Recei	ved by:				Date:		
Step 4: Repor	t of Prior Lea	rning Cr	edit Ear	ned (to l	be completed	by departn	nent and sub	mitted by	department to I	Registi	rar)
Subject/				Fooulty C	ianatura	Department Chair				Data	
Catalog #	Title		Credits	Grade	Faculty S	ignature	Date		Signature		Date I