##



**CORNING COMMUNITY COLLEGE**

1 Academic Drive, Corning, NY 14830

**PRIOR LEARNING ASSESSMENT PORTFOLIO REFERENCE GUIDE TO DOCUMENTATION**

STUDENT ID: Enter C Number. STUDENT NAME (PRINT): Enter Last Name., Enter First Name.

SUBJECT: Enter SUBJ.CRSE #: Enter #. TITLE: Enter title.CR: Enter CR.

**SUMMARY OF PRIOR EXPERIENCE**

Include only experience that relates to the course(s) for which you are requesting Prior Learning Assessment by Portfolio Evaluation. This summary is for application approval only; it is not the detailed experience that will be required for the portfolio.

|  |  |
| --- | --- |
| **RELATED WORK EXPERIENCE** |  |
| Job Title or Description of the Work | Location | Dates | Page Number |
|  |  |  |  |
| **RELATED VOLUNTEER EXPERIENCE** |
| Job Title or Description of the Activity | Location | Dates | Page Number |
|  |  |  |  |
| **RELATED NON-CREDIT TRAINING/EDUCATION** |
| Course/Training Title or description | Location | Dates | Page Number |
|  |  |  |  |
| **OTHER RELATED EXPERIENCE** |
| Description | Location | Dates | Page Number |
|  |  |  |  |