##



**CORNING COMMUNITY COLLEGE**

1 Academic Drive, Corning, NY 14830

**PRIOR LEARNING ASSESSMENT PORTFOLIO EVALUATION FORM**

DATE: Click here to enter a date. STUDENT ID: Enter C Number.

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

ACADEMIC PROGRAM: Enter Name of Academic Program.

Prior Learning Assessment Credit Requested for the Following Course(s):

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

Please attach the following documents:

• Current CCC Transcript

• Summary of Prior Experience (page 2 of this document)

I understand that this application indicates that I am approved to submit a Prior Learning Assessment Portfolio and that credit award is not guaranteed. I hereby certify that all material submitted is my original work. Credit will be awarded only if there is a positive assessment of the completed Portfolio.

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_

Application Approval:

Associate Dean (signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_

Faculty member(s) assigned for evaluation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bursar’s Office:

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| Credits | Fee | Total Paid |
|  | $240.00  |   |

Assessment Results:

\_\_\_\_\_ Credit by Portfolio Prior Learning Assessment is awarded

\_\_\_\_\_ Credit by Portfolio Prior Learning Assessment is not awarded

Assessor (signature): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Associate Dean (signature): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Vice President (signature): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

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

JME 10/2024