

**Student - please complete the following Self-Assessment, and take it with you to your appointment with the Department Chair/Program Coordinator. Please be sure to review the Guidelines on pg. 2.**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (home) \_\_\_\_\_ Phone (alt) \_\_\_\_\_

Degree or certificate program \_\_\_\_\_

Program catalog year \_\_\_\_\_ Last advising appointment \_\_\_\_\_

**List courses for which you are requesting prior learning credit:**

	<b>Prefix</b>	<b>Number</b>	<b>Title</b>	<b>Credits</b>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____

**EXPERIENTIAL LEARNING EXPERIENCES.** (This section should be as detailed as possible. Feel free to attach additional sheets to this form.)

**TRAINING.** May include correspondence, seminars, conferences, workshops, continuing education, formal military training, clinics, television / radio courses, etc. (*Documentation of this training must accompany this Self-Assessment.*)

A. \_\_\_\_\_

B. \_\_\_\_\_

C. \_\_\_\_\_

**JOB/WORK EXPERIENCE.** Include position or title, length of time in position, acquired skills. (*Documentation of this experience must accompany this Self-Assessment.*)

A. \_\_\_\_\_

B. \_\_\_\_\_

C. \_\_\_\_\_

**VOLUNTEER EXPERIENCE.** Church, community, politics, schools, include length of time and duties / skills acquired. (*Documentation of this experience must accompany this Self-Assessment.*)

A. \_\_\_\_\_

B. \_\_\_\_\_

C. \_\_\_\_\_

**INDEPENDENT LEARNING.** Independent research, projects (e.g. Self-taught computer skills, extensive reading, public writing and/or speaking, foreign languages, business owner / operator, include length of time, and skills acquired. *(Documentation of this experience must accompany this Self-Assessment.)*

- A. \_\_\_\_\_
- B. \_\_\_\_\_
- C. \_\_\_\_\_

**RECREATIONAL ACTIVITIES.** (e.g., Acting, theater production, music performance, travel / tours, including acquired knowledge.) *(Documentation of this experience must accompany this Self-Assessment.)*

- A. \_\_\_\_\_
- B. \_\_\_\_\_
- C. \_\_\_\_\_

**RELATED LICENSES OR CERTIFICATES.** *(Documentation of this license or certification must accompany this Self-Assessment.)*

- A. \_\_\_\_\_
- B. \_\_\_\_\_
- C. \_\_\_\_\_

**MEMBERSHIP IN RELATED ORGANIZATIONS.** *(Documentation of this membership must accompany this Self-Assessment.)*

- A. \_\_\_\_\_
- B. \_\_\_\_\_
- C. \_\_\_\_\_

**Self-Assessment and Prior Learning Guidelines:**

1. This self-assessment form must be filled out completely and thoroughly **PRIOR** to meeting with the Department Chair/Program Coordinator.
2. Documentation and contact information must be provided **with this self-assessment** (may be attached on separate sheets) regarding the information listed above.
3. Attach additional pages if necessary to provide information about your experiential learning experiences.
4. Any questions regarding the completion of this self-assessment may be directed to the Graduation Coordinator at 303-797-5630.
5. It is imperative that all instructions, directives, and timelines (listed on this or any other form related to Credit for Prior Learning, written by any staff or faculty member, or verbally given by any staff or faculty member) be followed; **any student who does not, will not be allowed to proceed with the Prior Learning process for that semester.**

*I understand the information contained on this form and certify that the information I have provided on this self-assessment is true and accurate.*

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