PRIOR LEARNING ASSESSMENT
PETITION FOR ACADEMIC CREDIT

Date ________________

Student Name ________________________________  ID # ________________
E-mail ____________________  Phone ________________

Credits Requested ________________  Pages _______

Discipline (credits awarded here) _______________________________________

Essay Title* ____________________________________________________________

Agency* _____________________________  CEU/Clock Hours* ________________

* When applicable

I understand that by submitting this petition, I am agreeing to accept the decision of the faculty evaluator regarding the credit awarded.

____________________________________________  ________________
Student signature  Date

↓ EVALUATOR USE ONLY (Mark only one evaluation.)  ↓

___ Credit awarded as requested. All competencies met.
___ Addendum requested. More information needed (see notes on p. 2)
___ Partial credit awarded. Some competencies insufficient.
___ Credit rejected. Minimal competency.

____________________________________________  ________________
Faculty signature  Date

Return to PLA Dept. – Academic Center 150
### Evaluator's Comments


### Demonstrated Competency

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<th>EXCELLENT</th>
<th>MODERATE</th>
<th>MINIMAL</th>
<th>POOR</th>
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<td>Evidence</td>
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Bethel College Adult & Graduate Studies | Prior Learning Assessment
1001 Bethel Circle, Mishawaka, IN 46545 | 574.807.7550 | pla@bethelcollege.edu

PLAPetForm-09/14