

# REQUEST FOR NON-TRADITIONAL (N) CREDIT

N credit may be requested if a student feels that prior learning, obtained in settings other than a traditional college environment, could be judged to be of collegiate level and equivalent to a course or courses offered at Columbus State Community College.

Students requesting a credit through Prior Learning Assessment (PLA) will:

- Meet with the appropriate department chairperson and obtain approval to develop a learning portfolio.
- Submit this completed form to the faculty advisor, along with the receipt for \$50.00 obtained from the Cashier's Office, Second Floor, Rhodes Hall.
- Submit the completed portfolio to the faculty advisor.

**NOTE:** A student with only non-traditional credit on his/her academic records will be unable to obtain a transcript until the student has successfully completed a Columbus State course. N credit is calculated as part of the earned credit hours but not as part of the grade point average.

**PLEASE NOTE:** This form will not be processed without the receipt showing the \$50.00 fee has been paid. Please attach the original receipt to this form and submit to Student Central, Upper Level, Madison Hall.

## PLEASE ALLOW 10 (TEN) BUSINESS DAYS FOR PROCESSING

### TO BE COMPLETED BY STUDENT (PLEASE PRINT):

Name: \_\_\_\_\_  
LAST FIRST MI

CougarID Number: \_\_\_\_\_

Program of Study: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Daytime Telephone: (\_\_\_\_) \_\_\_\_\_ Evening Telephone: (\_\_\_\_) \_\_\_\_\_

**Student Signature (Required):** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

### TO BE COMPLETED BY THE ACADEMIC DEPARTMENT:

<u>Course Number</u>	<u>Credit Hours</u>	<u>Credit Granted</u>	<u>Course Number</u>	<u>Credit Hours</u>	<u>Credit Granted</u>
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

### This credit is a result of (Select one):

- Work/Life Experience (Credit type LE)     Industry Training (Credit type OC)     Military Training (Credit type OC)
- Other (Please describe): \_\_\_\_\_ (Credit type OC)

Chairperson Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### FOR OFFICE USE ONLY

Date received: \_\_\_\_\_ Date completed: \_\_\_\_\_

Completed by (Please print - Required): \_\_\_\_\_

Signature (Required): \_\_\_\_\_