

Prior Learning Student Assessment Form

This form is used award prior learning credit to a student's record

PART 1

Student Name: _____ SUNY Broome ID# _____

Degree/Certificate Program: _____ Effective Term: _____

Student Signature: _____ Date: _____

PART 2

PART 3
 (Registrar
 Office)
 CRN

Course Number	Title	Credits	Grade if not S	Reason	

Comments:

Please add the Prior Learning course sections and grades to the above student's academic record. I have attach a copy of certification, license, or other supporting documentation.

Chair/Designee

Signature: _____

Date: _____

For Registrar's Office Only

Processed by: _____

Verified on Degree Audit
 And Grade Posted

Date: _____