



Prior Learning Assessment

Student Name:

Student ID number:

Certification:

Challenging AWC Courses:

Class Section:

Semester:

Portfolio Development:

Class Section:

Semester:

Scores/ACE:

Class Section:

Semester:

Transcript:

Class Section:

Semester:

Please submit copies of all documentation with this evaluation to elaine.groggett@azwestern.edu

Course(s) to be Granted			Documentation to Support PLA Credit		
Course Prefix & Number	Course Title	Num. of Credits	Institution/ Training Agency	Course Title/Number or Certificate (if applicable)	Total Contact Hours (if applicable)

Credit for Prior Learning cannot be granted. Please see comments for details.

PLA Evaluator (Printed Name)

PLA Evaluator Signature and Date

Associate Dean of Career and Technical Education

Signature & Date

Associate Vice President for Workforce
Development Career & Technical Education

Signature & Date

To: Transfer Services

INTERNAL USE ONLY
Date Received by AD:
Date Received by AVP:
Date Submitted to Transfer Office:
Date Processed: