



# 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](mailto: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

\_\_\_\_\_  
Dean of Workforce Development and CTE

\_\_\_\_\_  
Vice President for Workforce Development and CTE

**Signature & Date**

**Signature & Date**

To:     Transfer Services

**INTERNAL USE ONLY**

Date Received by Dean:

Date Received by VP:

Date Submitted to Transfer Office:

Date Processed: