



Houston City College
Prior Learning Assessment Form

First Name: _____ Last Name: _____ Student ID: _____
Phone: _____ Email: _____
Street Address: _____ City: _____ State: _____ Zip: _____
Area of Study: _____
Academic Program/Academic Plan/Sub Plan: _____

PLA Assessment Options and Fees: *Fees are non-refundable and must be paid prior to the start of the evaluation.*

- | | |
|--|--------------------|
| ☐ Articulated Agreement | No Fee |
| ☐ Credit by Exam (Dept. Final Exam) | \$25 per course |
| ☐ Certification/Training Credit | \$25 per course |
| ☐ Military Credit | No Fee |
| ☐ Mirror Courses | No Fee |
| ☐ Work Experience/Portfolio | \$25 per portfolio |

Business Office Application fee paid ☐ Yes / ☐ No Date: _____ (Attach Receipt)

Print/Signature of Pathway and Case Management Advisor: _____

Print/Signature of Program Coordinator/Director or Faculty Division Chair: _____

Date sent to the Department: _____ Expected date of return: _____

****This application is a request to have prior learning assessed for college credit. This does not guarantee the award of credit.***

*****The Dean Signature below indicates that the PLA application has been verified.***

Credit by Articulation Agreement

- ☐ Student has not attempted course for which he/she is pursuing credit
☐ Student successfully completed CEU course/s:

Student is seeking Credit for:

Course Prefix	Course Number	Date of completion	Course Prefix	Course Number
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Dean's Signature: _____ Print Name: _____ Date: _____

Credit by Exam: Credit by Final Exam (*Credit through exam created by HCC department faculty*)

☐ Student has not attempted course for which he/she is pursuing credit

Course Prefix **Course Number** **Date of completion**

Is the test score passing? ☐ Yes / ☐ No Test Score: _____ Proctored by (initials & ext.): _____

☐ Awarded ☐ Denied

Rationale: _____

Dean's Signature: _____ Print Name: _____ Date: _____

Credit by Certification/Training

☐ Student has not attempted course for which he/she is pursuing credit

1. Credit by ACE/NCCRS Workplace Education/Training/Industry Certifications (credit for workplace education or training programs ACE or NCCRS College Credit Recommendation Service.)

Student is seeking credit for:

Course Prefix	Course Number	Date of completion	Course Prefix	Course Number
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

☐ Awarded ☐ Denied

Rationale: _____

Dean's Signature: _____ Print Name: _____ Date: _____

Credit by Military

☐ Student has not attempted course for which he/she is pursuing credit

1. Credit by ACE Military Training/Experience (Credit for Military training through American Council on Education. Attach copies of Joint Service Transcript (JST) formerly AARTS, SMART, transcript.

Student is seeking credit for:

Course Prefix	Course Number	Course Prefix	Course Number
_____	_____	_____	_____
_____	_____	_____	_____

2. Credit by CCH (Credit by using College Credit for Heroes crosswalk of military training and experience to WECM courses to identify matches. Attach JST transcripts (formerly AARTS, SMART transcript) with CCH crosswalk in information.

Student is seeking credit for:

Course Prefix	Course Number	Course Prefix	Course Number
_____	_____	_____	_____
_____	_____	_____	_____

VA Director's Signature: _____ Print Name: _____ Date: _____

Credit by Mirror Classes *(Continuing Education for CEU to CREDIT Articulation)*☐ All credit course prerequisites were met at the time the CE course was taken.☐ Student successfully completed CEU course/s:

Student is seeking credit for:

Course Prefix	Course Number	Date of completion	Course Prefix	Course Number
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

☐ Awarded☐ Denied

Rationale: _____

Dean's Signature: _____ Print Name: _____ Date: _____

Credit by Work Experience/Portfolio☐ Student has not attempted course for which he/she is pursuing credit.☐ Student has uploaded their resume.☐ Personal interview with Dean to describe learning outcomes and evidence needed.☐ Reference letter(s) from prior supervisor(s)/employer(s) validating specific skill sets aligned with the course learning outcomes used in the workplace. Company letterhead must be used.☐ A written narrative (comparable to an end-of-semester term paper) that describes how the student meets the learning objectives through his/her experience, what has been done, how the student knows what he/she knows, and how he/she links theory and application. Including all documentation in this paper.☐ Samples of student produced work that substantiate work required in the course. (If required by department)☐ Video showing individual performing learning outcomes. (If required by department)☐ Other evidence determined by Dean and Department Chair as proper documentation.****Student portfolio must demonstrate prior knowledge and skills, which equate to Student Learning Outcomes (SLO) for the course.***

Course Prefix	Course Number	Date of completion
_____	_____	_____

☐ Awarded☐ Denied

Rationale: _____

Dean's Signature: _____ Print Name: _____ Date: _____

Date sent to Enrollment Office: _____

Date Posted to student records: _____