

This cover page includes instructions about where and how to turn in your form. If you are submitting a form that contains personally identifiable information (i.e. name, student ID number, date of birth), we encourage you to **submit the completed form by mail or in person.**

**BY MAIL TO:**

UMD One Stop Student Services  
1117 University Dr, 23 SCC  
Duluth MN 55812

**IN PERSON ON CAMPUS TO:**

**One Stop Student Services**  
23 Solon Campus Center

If you choose to submit the completed form by email, for your security we prefer to receive this form via your **UMD email address (xxxxxxx@d.umn.edu).**

To learn more about what might be personally identifiable information, visit [studentprivacy.ed.gov](http://studentprivacy.ed.gov).

**No need to print this cover page.**

# CREDIT FOR PRIOR LEARNING REQUEST

**RETURN FORM:**

**BY MAIL TO:**

UMD One Stop Student Services  
1117 University Dr, 23 SCC  
Duluth MN 55812

**IN PERSON ON CAMPUS TO:**

**One Stop Student Services 23**  
Solon Campus Center

**QUESTIONS?**

Phone: 218-726-8000  
TTY (hearing impaired):  
800-627-3529  
Email: umdhelp@d.umn.edu

**Requirements and restrictions**

Any request for prior learning assessment must be made within one year of matriculation or completion of the experience(s) in question. If academic credit is assigned, students must pay the UMD-approved credit by examination fee. See [Credit for Prior Learning Policy](#) for further details and restrictions. This form must accompany the documentation you are providing (ex. portfolio) for faculty evaluation.

**Procedure**

**Student Steps:**

- 1) Meet with your Academic Advisor to discuss Credit for Prior Learning.
- 2) Complete a Credit for Prior Learning Request form for each experience/course you are seeking credit for.
- 3) Prepare **three (3)** copies of the necessary materials for your review to take place. (see next page)
- 4) Submit completed form and required materials to One Stop Student Services.

**Advisors:** Verify necessary materials and initial back of this form.

**Departmental Evaluators:** Upon evaluation of materials, please return all items to the Office of the Registrar, 139 Darland Administration Building.

| For Office Processing Only |  |
|----------------------------|--|
| Payment Verified:          | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Refund issued:             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Staff Initials             | Date   |

| STEP 1. Student Request               |             |                             |                           |
|---------------------------------------|-------------|-----------------------------|---------------------------|
| Last name—type or print neatly in ink |             | First                       |                           |
| Student ID number                     | UMD College | U of M e-mail<br>@d.umn.edu | Phone (include area code) |

| STEP 2. Type of Request                                       |  |
|---|--|
| <input type="checkbox"/> Classroom-based Portfolio Assessment | <input type="checkbox"/> Experience-based Portfolio Assessment |

| STEP 3. Type of Credit Requested  |   |  |                              |
|---|---|--|------------------------------|
| Equivalent UMD Course   |   |  |                              |
| Department  | Course Number   | Course Name  | Number of Credits            |
| Department Elective Credit  |   |  |                              |
| Department  | Elective Level  |  | Number of Credits            |
| Course Waiver   |   |  |                              |
| Department  | Course Number   | Course Name  | Number of Credits (optional) |
| Liberal Education Credit or Waiver  |   |  |                              |
| I. Language and Reasoning Skills  | II. Knowledge Domains   | III. Key Topics  | Number of Credits            |
| <input type="checkbox"/> Writing and Information Literacy<br><input type="checkbox"/> Oral Communication and Languages<br><input type="checkbox"/> Logic and Quantitative Reasoning | <input type="checkbox"/> Natural Sciences<br><input type="checkbox"/> Natural Sciences Lab<br><input type="checkbox"/> Social Sciences<br><input type="checkbox"/> Humanities<br><input type="checkbox"/> Fine Arts | Global Perspectives <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Cultural Diversity in the U.S. <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Sustainability <input type="checkbox"/> Yes <input type="checkbox"/> No | (optional)                   |

| STEP 4. Submission of Documentation   |            |
|---|------------|
| See below for details regarding required submission documents. Please submit the <b>two (2)</b> necessary copies, and retain <b>one (1)</b> for your records. |            |
| Student Signature _____   | Date _____ |

continued

## Credit for Prior Learning Request

### Supporting Documentation

#### Request for Review of Classroom-based Portfolio Assessment

If asking that a classroom-based portfolio assessment be evaluated, please submit **two (2)** non-returnable copies and keep **one (1)** for your records, of the following:

- Cover Sheet
- Table of Contents
- Introduction
  - Briefly give a summary of the experience presented in the portfolio.
  - Please provide an explanation of how you see this experience integrating into your UMD education.
- Supporting Materials
  - Syllabus, learning objectives, American Council on Education reviews, textbooks, images, etc.
- Narrative
  - Personal interpretation of the ways that this classroom-based experience meets or exceeds the following college-level objectives of:
    - Equivalent UMD course you are requesting credit for/waiver of
    - Department-specific elective credit (+ number of credits desired)
    - UMD Liberal Education Program Requirement Category
  - Provide a reflective summary of the ways in which this classroom experience supports your personal learning. What are the specific points that you did, or will, take from this course? Illustrate examples of the learning that occurred.

Students who are seeking pre-approval of classroom-based experiences are required to also submit an additional, final reflection upon completion. This is necessary to demonstrate that learning has occurred. While curriculum can be pre-reviewed, credit is awarded solely on demonstration of learning.

#### Request for Review of Experience-based Portfolio Assessment

If asking that a experience-based portfolio assessment be evaluated, please submit **two (2)** non-returnable copies and keep **one (1)** for your records, of the following:

- Cover Sheet
- Table of Contents
- Introduction
  - Briefly give a summary of the experience presented in the portfolio.
  - Please provide an explanation of how you see this experience integrating into your UMD education.
- Supporting Materials
  - Work from previous employment, demonstrated via professional recommendations or verifications, performance evaluations, awards or commendations, training materials, job descriptions, resumes, licenses, work and/or writing samples, brochures or pictures, and any other relevant items.
- Narrative
  - Personal interpretation of the ways that this non-traditional classroom experience meets or exceeds the following college-level objectives of:
    - Equivalent UMD course you are requesting credit for/waiver of.
    - Department-specific elective credit (+ number of credits desired)
    - UMD Liberal Education Program Requirement Category
  - In your narrative, provide specific examples of the knowledge you gained throughout this experience, and your practical application of the knowledge both in theory and practice. Explain the ways you have been able to synthesize this knowledge into your UMD career.
  - Provide a reflective summary of the ways in which this experience supports your personal learning. What are specific take-aways from this experience? Illustrate examples of what you learned.

| STEP 5. Office of the Registrar Use Only (Verify Enrollment)   |   |   |             |
|--|---|---|-------------|
| Student is registered for _____ credits for <input type="checkbox"/> Fall 20____ <input type="checkbox"/> Spring 20____ <input type="checkbox"/> Summer 20____ |   |   |             |
| 1) Matriculation Date _____  | 2) Enrollment Verification <input type="checkbox"/> | 3) Request meets CPL time guidelines <input type="checkbox"/> |             |
| 4) Signature _____ Date _____  |   |   |             |
| STEP 6. Required Initials & Date   |   |   |             |
| Advisor _____  | Office of the Registrar _____                       | Faculty Reviewer _____  | AVCAA _____ |