



PRIOR LEARNING ASSESSMENT

\$25 APPLICATION FEE REQUIRED UPON SUBMISSION TO CAMPUS SERVICE CENTER

INSTRUCTIONS:

1. Only students admitted to WVNCC with a declared major (degree-seeking) are eligible for potential PLA credit.
2. Requested credit must be applicable to the student's current degree or certificate program on record with the Registrar's Office at WVNCC. If you would like to change your major, please contact the Campus Service Center before submitting this application.
3. Consulting a campus counselor or faculty advisor is recommended prior to submitting your completed application to the Campus Service Center. Please be sure the application is legible.
4. Attach supporting documentation to this request (see page two for general information regarding documentation). Your Faculty Advisor and/or Campus Counselor may be able to further explain options to satisfy this requirement.
5. A non-refundable \$25 application fee must be submitted with this application. Payment can be made in the Business Office (Wheeling) or at the Campus Service Center (Weirton and New Martinsville)

Please Print Legibly

Name: _____
Last First Middle or Maiden

Address: _____
City State Zip Code

Email: _____@mail.wvncc.edu

Home Phone: _____ Day/Cell Phone: _____

Program: _____ Degree Level (*Certificate/Associate*): _____

Please include a brief description of the learning credit you are requesting.

Signature of Student

Signature of WVNCC Counselor/Advisor (Recommended)

Date

OFFICE USE ONLY

TO WVNCC PERSONNEL:

1. Please accept page 1 with the \$25 application fee. Payment can be made in the Business Office (Wheeling) or at the Campus Service Center (Weirton and New Martinsville).
2. Please mark your initials when payment is applied to student's account. (Both pages at bottom.)
3. Forward entire application to Registrar's Office. (Notated in SPACMNT.)

Application Fee Paid: Initials & Date: _____

Catalog Year: _____

Date Forwarded to Registrar's Office: _____

Term Processed: _____

Notated in Banner (SPACMNT): _____

Please Print Legibly

Name: _____ ID#: _____
Last First Middle or Maiden

Address: _____
City State Zip Code

Email: _____@mail.wvncc.edu

Home Phone: _____ Day/Cell Phone: _____

Program: _____ Degree Level (Certificate/Associate): _____

Course Number	Course Title	Credit Hours	Faculty Approval	Program Director Approval	Reason For Denial
EXAMPLE CIT 107	----- EXCEL	3			

MAXIMUM CREDITS	
15	30
CERTIFICATE PROGRAM	ASSOCIATE PROGRAM

DOCUMENTATION REQUIRED: Students applying for Prior Learning Assessment must submit documentation that will support their request for credit. Recommended documents are verification of length of employment and position held, job description, letter of recommendation from supervisor (on company letterhead), certificates of completion for non-credit courses or workshops, work product, etc.

Signature of Student Date

OFFICE USE ONLY

Based on the documentation presented by the student or the documentation requested by the committee, we the undersigned make the following recommendation for Prior Learning Assessment Credit: (only one faculty signature required per area)

Faculty _____ Date _____

Division Chair _____ Date _____

Vice President of Academic Affairs _____ Date _____

Catalog year _____

App. Fee Paid: Initials/Date _____

Date forwarded to Registrar's Office _____

- Email notification sent to student
- Credit posted in Banner (N/A if no credit awarded)