Prior Learning Application
Request for Credit for Industry Training

STUDENT INFORMATION			
Last Name	First Name	MI	Student ID
Street / PO Address		**Current BSC Student YES NO** **Term Credits Applied FALL SPRING SUMMER**	
City/Town	State	Zip	
Email		Telephone	

COURSE INFORMATION			

Please list the BSC courses you wish to have your industry training evaluated for:

Course Prefix	Course Number	Course Title	Credit Hours

_____   Total Credits Requested $ _____   Total Fee (1/2 cost of tuition)

DOCUMENTATION

- Program Degree Plan
- Training Outline with Course descriptions
- Assessment of training outcomes
- Letter of Verification
- Copy of Certification of Completion

I verify I have completed the training as indicated above and request the above listed credits be posted to my official BSC transcript.

Signature: Date:

For Bismarck State College Purposes Only

REQUEST VERIFICATION	
Signature:	Date:
Alternative Learning Coordinator	

DEPARTMENT CHAIR/PROGRAM MANAGER VERIFICATION	
Signature:	Date:
Department Chair/Program Manager	

STUDENT FINANCE	
Charges Applied to Account:$	Date:
Signature:	Payment Date:
Student Finance Manager	

COURSE(S) ENTER ON TRANSCRIPT	
Signature:	Date:
Academic Records Specialist	