



APPLICATION FOR ACADEMIC CREDIT FOR PRIOR LEARNING (ACPL)

The purpose of this form is to request college credit for prior experience including certifications and military experience.

<input type="checkbox"/> Spokane Falls Community College 3410 W Whistalks Way MS 3011 Spokane WA 99224 509.533.3545 sfcc.acpl@sfcc.spokane.edu	<input type="checkbox"/> Spokane Community College 1810 N Greene St MS 2151 Spokane WA 99217 509.533.7047 scc.acpl@scc.spokane.edu
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Directions: For ACPL credit from testing, send official score reports (AP, Cambridge International, CLEP, International Baccalaureate) to the Transcripts Office at your college. For all other ACPL, meet with the ACPL coordinator at SCC or SFCC or with a Faculty Counselor to determine eligibility for ACPL credit before completing this form. The ACPL coordinator will help determine if payment is needed and what additional documentation is required. The completed form and documentation will be forwarded to the Faculty Evaluator if required. If approved, once the form has been received by the ACPL Coordinator with all required signatures, you will receive a confirmation email and credit will be posted to your ctcLink transcript as transfer credit at the end of the quarter.

Name _____
 Last First Middle Student ID Number (format ###-##-####)
 E-mail _____ Daytime Phone _____

Please select the type of request from either Box 1 or Box 2

Box 1: No Payment Required

- Armed Forces- Military Education (including DANTEs Subject Standardized Test)
- [Industry Certifications & Licensures with an Established Crosswalk](#) (Spokane Community College only)

Box 2: Payment Required

- Course Challenge
- Industry Certifications & Licensures without an Established Crosswalk
- Portfolio Assessment (Requires successful completion of GENST 105 or equivalent)

Fee Information To be completed by Faculty Evaluator (For ACPL options in Box 2 only)

ACPL application fee = \$	10.00
_____ credits x \$30 = \$	_____
_____ credits x \$30 = \$	_____
_____ credits x \$30 = \$	_____
lab costs = \$	_____
Total Due = \$	_____

*I request assessment for prior learning as indicated below. I have read and understand the general policy as outlined in the [Spokane Colleges Course Catalog](#) and understand that **payment of fees is nonrefundable and does not guarantee award of credits.***

 Student Signature Date

OFFICE USE ONLY

Cashier Signature: _____	Amount Received: _____
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REPORT OF PRIOR LEARNING CREDIT AWARD: To be completed by Faculty Evaluator

Faculty Evaluator Name (Please Print)							
Course No.	Course Title	Credits	Grade	Faculty Evaluator Signature	Date	Department Chair Signature	Date

Dean's signature: _____ Date: _____
 Please submit the signed form and requested documentation to the ACPL coordinator at your college.