

REQUEST FOR NON-TRADITIONAL (N) CREDIT

N credit may be requested if a student feels that prior learning, obtained in settings other than a traditional college environment, could be judged to be of collegiate level and equivalent to a course or courses offered at Columbus State Community College.

Students requesting a credit through Prior Learning Assessment (PLA) will:

Meet with the appropriate department chairperson and complete departmentally established criteria such as: portfolio submission, interview, standardized test, proof of certification/license, or military documentation.

Students complete the **Student Section** of this form and submit it to the faculty advisor along with the receipt for the **required** \$50.00 fee obtained from the Cashier's Office, Second Floor, Rhodes Hall.

NOTE: A student with only non-traditional credit on his/her academic records will be unable to obtain a transcript until the student has successfully completed a Columbus State course. N credit is calculated as part of the earned credit hours but not as part of the grade point average.

PLEASE ALLOW 10 (TEN) BUSINESS DAYS FOR PROCESSING

TO BE COMPLETED BY STUDENT (PLEASE PRINT):

Name: _____
LAST FIRST MI

CougarID Number: _____

Program of Study: _____

Street Address: _____ Apt Number: _____

City: _____ State: _____ ZIP Code: _____

Daytime Telephone: (____) _____ Evening Telephone: (____) _____

Student Signature (Required): _____ Date: ____/____/____

TO BE COMPLETED BY THE ACADEMIC DEPARTMENT:

<u>Course Number</u>	<u>Credit Hours</u>	<u>Course Number</u>	<u>Credit Hours</u>	<u>Course Number</u>	<u>Credit Hours</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

This credit is a result of (Select one):

Work/Life Experience (Credit type LE)

Industry Training (Credit type OC)

Military Training (Credit type OC)

Other (Please describe): _____ (Credit type OC)

Chairperson Signature: _____ Date: ____/____/____

\$50 Fee Receipt attached

Dean approved \$50 fee waived

Chairperson: When the form is completed and signed, please email this form and receipt to ncredit@csc.edu