

# Louisiana Delta Community College

## Request for Credit for Prior Learning

### Challenge | Credit for Prerequisite Not Taken | Portfolio Assessment

**Step 1: Student Information** *(to be completed by student)*

First Name	M.I.	Last Name	Delta Student ID Number
Address ( )		City	State ZIP
Daytime Phone Number		E-mail Address	

I request approval to receive prior learning credit for the following course(s):

Student Signature	Date
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*Students must be currently enrolled at Louisiana Delta Community College to apply for Prior Learning credits.*

**Step 2: Type of Credit and Courses Requested** *(to be completed by student and submitted to appropriate division chair for approval)*

The type of prior learning credit I am requesting is: *(please check one)*

Challenge     
  Portfolio Assessment     
  MOU Agreement

I am requesting credit for the following semester/year:

Semester (please check one)   
 Fall     
 Spring     
 Summer     
 Year: \_\_\_\_\_

Subject/Catalog #	Title	Credits	Faculty (Print Name)	Date	Registrar

**DIVISION CHAIR APPROVAL** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**(Print and Sign Name)**

**Step 3a: Fee Payment** *(to be completed by department)*

Type of Credit <i>(please check one)</i>	Fee Per Course	Number of Courses	Total
<input type="checkbox"/> Challenge – department prepared test	\$50	___	\$
<input type="checkbox"/> Challenge – externally prepared test	\$20	___	\$
<input type="checkbox"/> Portfolio Assessment/MOU Agreement	No Charge	___	\$

Department	Org or Department ID	Acct Code	Amount
			\$
			\$
Total			

**Note:** Form to be taken by student to LDCC Bursar's Office for fee payment. **Form to be returned by student to academic department prior to the administration of an exam or submission of a portfolio/MOU assessment.**

**Step 3b: Fee Payment** *(to be completed by Payment and Disbursement Center if required)*

Amount received: \_\_\_\_\_ Received by: \_\_\_\_\_ Date: \_\_\_\_\_

**Step 4: Report of Prior Learning Credit Earned** *(to be completed by department and submitted by department to Registrar)*

Subject/ Catalog #	Title	Credits	Grade	Faculty Signature	Date	Department Chair Signature	Date