

NORTHERN MAINE COMMUNITY COLLEGE

REQUEST FOR PRIOR LEARNING ASSESSMENT

Only One PLA Type Per Form

Students who are matriculated at NMCC may be eligible for prior learning assessment (PLA) consideration. Please review the current policy and options on the NMCC website at www.nmcc.edu/PLA.

Name: _____ ID#: _____

Program: _____ E-mail Address: _____

Type of Credit Requested:

- Credential Review (professional state or national certifications, examinations, or licensure)**
Current, valid documentation must be presented directly to Student Services for duplication, review and transcription. There is no fee associated with proficiency credit.

CREDENTIAL REVIEW CREDIT AWARDED					
Course No.	Course Title	Credits	Cert./ License	Admissions Representative Signature	Date

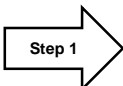
- PLA Portfolio Review**
*Request to be made after the student has met with the appropriate Department Chair/faculty member to review portfolio requirements and standards. A non-fundable review fee of \$125 per portfolio (course) must be made **prior to the portfolio evaluation.***

Business Use Only

Total Due: \$125

Date Fee Paid: _____

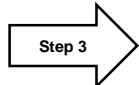
Receipt #: _____



Faculty Signature: _____

Course: _____ Date: _____

Academic Dean's Signature: _____ Date: _____



PORTFOLIO REVIEW CREDIT AWARD OR DENIAL SUMMARY					
Course No.	Course Title	Credits	Pass/Fail	Faculty Evaluator's Signature	Date

- Challenge Exam (college-specific)**
Challenge exams are offered on a limited basis at NMCC for courses where there is no equivalent national exam. Requests for challenge exams must be made to the appropriate faculty and approved by the Department Chair overseeing the course. A non-refundable examination fee of \$100 must be made prior to the examination date.

Business Use Only

Total Due: \$100

Date Fee Paid: _____

Receipt #: _____



Faculty's Signature: _____

Course: _____ Date: _____

Department Chair's Signature: _____

Academic Dean's Signature: _____ Date: _____



CHALLENGE EXAM CREDIT AWARD OR DENIAL SUMMARY					
Course No.	Course Title	Credits	Pass/Fail	Faculty Evaluator's Signature	Date

For Office Use Only:

Registrar: _____ Date Entered: _____ 7/16