Metropolitan State University
Prior Competence Evaluation Proposal Form

Title of Prior Competence ___________________________ # of Credits _____________
Upper or Lower Division (please circle one) Date for ___________________________
Prior completed for (please circle one): grade pass/no credit Completion ______________________

Students must complete this form (please type or word process) and have it approved and signed by
the department chair or program faculty in the appropriate department before registering for the
assessment of prior learning. At the time of registration, this completed form must be attached to the
registration form. If you have any procedural questions, please call your college advising center or
your advisor.

Part I. Student completes
Student Name _____________________________________ Student ID # _________________________
Address __________________________________________ Phone (H) ___________________________
_________________________________________________ Phone (W) __________________________
Email address _____________________________________ Department of degree focus or major:
Advisor Name _____________________________________ ____________________________________

Part II. Student completes (consulting with evaluator if needed)
Experience and Learning Outcomes: In approximately 250 words, summarize the learning outcomes
(what you know and can do) as a result of this experience. Describe where and how you acquired the
competence, addressing as appropriate employment/volunteer experience, dates, and levels of
responsibility. Please attach a separate sheet.

Part III. Student completes (Previously Transcripted Credit)
To avoid overlap or duplication of credits, please list all previously transcripted credits in the field, giving
the full names of courses or titles of prior learning assessments or competence based evaluations. Attach
copies of transcript(s).
Title ____________________________________________________ Number of Credits ____________
Title ____________________________________________________ Number of Credits ____________
Title ____________________________________________________ Number of Credits ____________

Part IV. Student completes (consulting with evaluator if needed)
Competence Statement A competence statement is a description of a learning outcome that has been
achieved in a given subject area. Examples of a competence statement are: (1) Small Group
Communication: Knows the theories and principles of small group communication well enough to analyze
and apply them to assessing and improving one’s own group communication and the communication
patterns of workgroups. (2) Operating Systems: Knows history, theory, principles and techniques of
operating systems well enough to compare features of different operating systems, analyze the behaviors of
computer programs, and plan for the configuration and installation of operating systems.
To see additional samples of competence statements, go to www.metrostate.edu/fc/priors/plaexamp.html.
To help you write your statement, see the competence statement diagram at www.metrostate.edu/fc/forms/
your competence statement must identify the subject area, theoretical and practical elements of the subject,
and either the level of your knowledge or how you apply your knowledge. Please write your statement
below, or attach an additional sheet if needed.

Part V. Student completes
List other resources and strategies used to acquire this competence that were not identified in Part II.
A. Seminars/Conferences/Workshops
Title ___________________________ Presenter _________________ Length ________
Title ___________________________ Presenter _________________ Length ________
Part V. continued
B. Books
Title __________________________________________________ Author _______________________
Title __________________________________________________ Author _______________________
C. Journals/Magazines
Title __________________________________________________ Author _______________________
Title __________________________________________________ Author _______________________
D. Films/Videos
Title
Title
E. Other
________________________________________________________________________________________
________________________________________________________________________________________

Part VI. Evaluator completes
Name _____________________________________________ Resident Faculty
_________ Community Faculty
If you are not a Metropolitan State resident or community faculty member and wish to receive payment you
must become a Metropolitan State employee. If you wish to become an employee, please provide us with
the following information and attach a resume or call Metropolitan State’s Human Resources Office at 651-
793-1275 for more information.
Address ____________________________________________ Phone (H) __________________________
City/State/Zip _______________________________________ Phone (W) _________________________
I wish to waive payment. Signature _________________________________________________

Part VII. Evaluator completes
How will the student be evaluated? A minimum of two evaluation methods are recommended. Check all
that apply.
___ research paper ___ simulation ___ situational observation ___ journal
___ written test ___ written exercise ___ project evaluation ___ oral exam or interview
___ other (please describe)
____________________________________________________________________

Part VIII. Academic Department completes
Department Chairperson or program faculty __________________________________ Acct # _________
(Note: This is the chairperson or program faculty of the department in which the prior competence is
evaluated.)
I give consent to the above student to register for this assessment of prior learning.
Signature ___________________________ Date _________________________
If approval is not given, please explain.

Part IX. Registration Office completes
Subcode # ___________ Title ________________________________ Date Processed _____/_____/_____

Form available at www.metrostate.edu/fc/forms/
03/07/06