

**Metropolitan State University**  
**Prior Competence Evaluation Proposal Form**

**Registration Term**

- ☐ **Spring**  
☐ **Summer**  
☐ **Fall**

**Date** \_\_\_\_\_

**Title of Prior Competence** \_\_\_\_\_ **# of Credits** \_\_\_\_\_

☐ **Upper**    or    ☐ **Lower Division (please check one)**

**Prior completed for (please check one):**   ☐ **letter grade**   ☐ **pass/no credit**

**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/C)** \_\_\_\_\_

**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 Transcribed Credit)**

To avoid overlap or duplication of credits, please list all previously transcribed 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 <http://www.metrostate.edu/student/student-services-support/student-services/creative-learning-strategies/cls-prior-learning-assessment/black-and-white-photography>.

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. continued****B. Books**

Title \_\_\_\_\_ Author \_\_\_\_\_

Title \_\_\_\_\_ Author \_\_\_\_\_

**C. Journals/Magazines**

Title \_\_\_\_\_ Author \_\_\_\_\_

Title \_\_\_\_\_ Author \_\_\_\_\_

**D. Films/Videos**

Title \_\_\_\_\_

Title \_\_\_\_\_

**E. Other**\_\_\_\_\_  
\_\_\_\_\_**Part VI. 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 VII. 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 VIII. Evaluator completes****How will the student be evaluated?** A minimum of two evaluation methods are recommended. Check all that apply.

- |                                                  |                                           |                                                  |                                                 |
|--------------------------------------------------|-------------------------------------------|--------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> research paper          | <input type="checkbox"/> simulation       | <input type="checkbox"/> situational observation | <input type="checkbox"/> journal                |
| <input type="checkbox"/> written test            | <input type="checkbox"/> written exercise | <input type="checkbox"/> project evaluation      | <input type="checkbox"/> oral exam or interview |
| <input type="checkbox"/> other (please describe) | <input type="checkbox"/> presentation     | <input type="checkbox"/> case study analysis     |                                                 |

**Part IX. 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 \_\_\_\_\_

**Part X. College Dean completes:** Signature indicates evaluator assignment/proposal readiness to register.

Signature \_\_\_\_\_ Date \_\_\_\_\_ Acct# \_\_\_\_\_