

Prior Learning Assessment



**METRO STATE
UNIVERSITY**

Complete this form and have it signed by the faculty member, chair, and dean in order to be registered for Prior Learning Assessment. For questions, please contact the Student-Directed Learning office, sdl@metrostate.edu.

Accessibility Resources: This document is available in alternative formats upon request, by contacting the Center for Accessibility Resources, at Accessibility.Resources@metrostate.edu or 651-793-1549. If you need disability-related accommodations, please contact the Center for Accessibility Resources.

Contact Information

Student Name:

Student ID#:

Metro Email:

Phone:

Major:

Advisor Name:

Course Information

Title:

(maximum of 75 characters):

Term:

Year:

Subject Code:

(for example ICS, PSYC, WRIT)

Grading option:

Number of Credits:

Level:

Will this PLA be equivalent to an existing course?

If yes, course number:

Student Signature to request registration:

Evaluator Information

Evaluator Name:

Tech ID:

E-mail:

Role:

Evaluator Signature:

Department Approval

Approved for Registration

Chair Signature:

College Approval

College:

Cost Center:

Approved for Registration

Approved for Faculty Work Assignment

College Dean Signature:

- 1. Competence Statement:** Summarize your proposed course? What learning will you demonstrate?
- 2. Learning Outcomes:** What are the specific learning outcomes you have achieved?
- If you are proposing a course equivalency, list the course number and the outcomes from the [official course description](#).
 - If you are proposing that your PLA count for General Education or RIGR, make sure to address those requirements.
- 3. Learning Process:** What was your learning process? What were your learning activities?
- 4. Resources:** What resources have you used in your learning?
- 5. Has your learning been assessed previously?** Have you earned college or university credit for learning in this subject? If so, explain how this proposal is different.
- 6. Assessment and Evaluation Methods:**
- | | | |
|---|---|--|
| <input type="checkbox"/> case study | <input type="checkbox"/> oral interview | <input type="checkbox"/> simulation |
| <input type="checkbox"/> certificate/license/exam | <input type="checkbox"/> portfolio | <input type="checkbox"/> other (describe): |
| <input type="checkbox"/> essay | <input type="checkbox"/> presentation | |
| <input type="checkbox"/> journal | <input type="checkbox"/> project evaluation | |
| <input type="checkbox"/> objective test | <input type="checkbox"/> reflective paper | |
| <input type="checkbox"/> observation | <input type="checkbox"/> research paper | |
- 7. Who have you consulted on this proposal?**