# Prior Learning Assessment

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](mailto: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](mailto: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**: Click or tap here to enter your name.

**Student ID#:** Click or tap here to enter Student ID.

**Metro Email:** Click or tap here to enter email.

**Phone:** Click or tap here to enter your phone.

**Major:** Click or tap here to enter your major.

**Advisor Name:** Click or tap here to enter Advisor.

## Course Information

**Title:** Click or tap here to enter title.(maximum of 75 characters):

**Term:** Choose an item.

**Year:** Click or tap here to enter year.

**Subject Code:** Click or tap here to enter Subject Code.

(for example ICS, PSYC, WRIT)

**Grading option:**  Choose an item.

**Number of Credits:** Click or tap here to enter number of credits.

**Level:** Choose an item.

**Will this PLA be equivalent to an existing course?** Choose an item.

If yes, course number: Click or tap here to enter existing course number.

**Student Signature to request registration:**

(Typed name is acceptable.)

**Evaluator Information**

**Evaluator Name:** Click or tap here to enter evaluator name.

**Tech ID:** Click or tap here to enter evaluator tech ID.

**E-mail:** Click or tap here to enter evaluator email.

**Role:** Choose an item.

**Evaluator Signature:**

**Department Approval**

Approved for Registration

**Chair Signature:**

**College Approval**

**College:** Click or tap here to enter college name.

**Cost Center**: Click or tap here to enter text.

Approved for Registration

Approved for Faculty Work Assignment

**College Dean Signature:**

1. **Competence Statement:** Summarize your proposed course. What learning will you demonstrate?

Click or tap here to enter proposed course description.

1. **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](https://www.metrostate.edu/academics/courses).
* If you are proposing that your PLA count for General Education or RIGR, make sure to address those requirements.

Click or tap here to enter learning outcomes.

1. **Learning Process:** What was your learning process?What were your learning activities?

Click or tap here to your learning process.

1. **Resources:** What resources have you used in your learning?

Click or tap here to enter learning resources.

1. **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.

Click or tap here to previous prior learning assessment.

1. **Assessment and Evaluation Methods:**

case study

certificate/license/exam

essay

journal

objective test

observation

oral interview

portfolio

presentation

project evaluation

reflective paper

research paper

simulation

other (describe):

Click or tap here to enter description for other evaluation.

1. **Who have you consulted on this proposal?**

Click or tap here to enter who you consulted.