PRIOR LEARNING CREDIT

Student Name _____

Clarion ID# _____

Student's Academic Program _____

Source of Prior Learning _____

_____

_____

Course/s Awarded	Name of Course	Course Credits
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
	Total Credits Awarded	_____

_____ _____ _____

Adviser Dept. Chair Dean or Director
(This signature necessary)