

**Step 1: Student Information** (to be completed by student)

First Name	M.I.	Last Name	BSU Student ID Number
Address		City	State ZIP
( )			
Daytime Phone Number		E-mail Address	
I request approval to receive prior learning credit for the following course(s):			
Student Signature		Date	

Students must be currently enrolled at Boise State University to apply for Prior Learning credits. The Registrar will transcript credits awarded through Prior Learning after a student has successfully completed 12 credit hours at Boise State.

**Step 2: Type of Credit and Courses Requested** (to be completed by student and submitted to department for approval)

The type of prior learning credit I am requesting is: (please check one)

- Challenge                       Credit for Prerequisite Not Taken                       Portfolio Assessment

I am requesting credit for the following semester/year:

- Semester (please check one)     Fall                       Spring                       Summer                      Year: \_\_\_\_\_

Subject/Catalog #	Title	Credits	Faculty (Print Name)	Date	Registrar

**Step 3a: Fee Payment** (to be completed by department)

Type of Credit (please check one)

Type of Credit (please check one)	Fee Per Course	Number of Courses	Total
<input type="checkbox"/> Challenge – department prepared test	\$50	_____	\$ _____
<input type="checkbox"/> Challenge – externally prepared test	\$20	_____	\$ _____
<input type="checkbox"/> Credit for Prerequisite Not Taken	\$20	_____	\$ _____
<input type="checkbox"/> Portfolio Assessment	\$75	_____	\$ _____

Department	Fund Code	Org or Department ID	Acct Code	Amount
				\$ _____
Registrar's Office \$5 transcription fee is included in course fee.	9990	854L101005	391000	\$ _____
Total				\$ _____

**Note:** Form to be taken by student to Payment and Disbursement Center (Admin. 101) for fee payment. Form to be returned by student to academic department prior to the administration of an exam or submission of a portfolio.

**Step 3b: Fee Payment** (to be completed by Payment and Disbursement Center)

Amount received: \_\_\_\_\_ Received by: \_\_\_\_\_ Date: \_\_\_\_\_

**Step 4: Report of Prior Learning Credit Earned** (to be completed by department and submitted by department to Registrar)

Subject/ Catalog #	Title	Credits	Grade	Faculty Signature	Date	Department Chair Signature	Date