

**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.	5011	854L101005	391000	\$ _____
Total				\$ _____

**Note:** Form to be taken by student to Payment and Disbursement Center (Admin. 211) 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