

Credit for Prior Learning (CPL)

Assessment Confirmation Agreement



PART 1 : To be completed by Faculty and Student

STUDENT INFORMATION

South Central College (SCC) Student ID: _____

Last Name: _____

First Name: _____ Middle Initial (Optional): _____

SCC Email: _____

Personal Email: _____

Daytime Phone #: _____

COURSE INFORMATION

Academic Dean (Choose one):
Agriculture Allied Health & Nursing
Liberal Arts & Sciences Career & Technical Education

Program of Study: _____

Course Title: _____

Subject Code & Course Number (e.g. ENGL 100): _____ Number of Credits: _____

Attempts: First Second

CPL METHOD (Check all that apply)

Challenge Exams/Credit by Examination (Test Out):

- Lecture Course Assessment (\$50/credit)
- Lab Course Assessment (\$100/credit)

Individual Assessments:

- Portfolio Assessment (\$100/credit)
- Skill Simulation & Demonstration (\$100/credit)
- Interview-based Assessment (\$50/credit)

Evaluation of Non-College Education & Training:

- ACE Military – Training, Occupations & Other Military Credit (no fee)
- ACE CREDIT – Education, Workplace & Training (no fee)
- NCCRS Workplace & Volunteer Training (no fee)
- Technical or Professional Certification/Credential (no fee)
- Technical or Professional Apprenticeship (\$100/credit)
- Technical or Professional Licensure (no fee)
- Digital badge(s) (\$50/credit)

Other:

- Minnesota Articulated College Credit (Tech Prep) (no fee)
- Assessment of previous education (e.g. non-equivalent and/or non-transferrable education, hour-based, expired credits, & discontinued programs) (no fee)
- Evidence of prior learning that does not fit within the other categories (no fee)

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ROUTING: Faculty > Business Office > Student > Bookstore for Payment > Paid receipt and form > CPL Coordinator > Faculty > Deans's Assistant

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STUDENT EXPECTATIONS AGREEMENT

Total Cost of Assessment: \$ _____

Academic Fiscal Year (e.g. FY18): _____ Term: Fall Spring Summer

CPL Assessment Date, Time, or Timeframe: _____

Campus or Location: Faribault North Mankato Other _____

CPL Method Expectations (Provide and discuss the following):

- Course learning outcomes/competencies (attach Common Course Outline, indicate any mandatory competencies)
- Overview of CPL Evaluator Response Form
- Required assessment materials

Describe requirements, what to bring to assessment, and/or other pertinent information for student success:

Student's Name (First and Last Name): _____

Student's Signature: _____ Date: _____

Faculty Name (First and Last Name): _____

Faculty Signature: _____ Date: _____

BUSINESS OFFICE USE

Billed to Student Account: Amount \$ _____ Date: _____ Initials: _____

Cash Check #: _____ Credit Card

Credit to Cost Center:

121001 (Agriculture)

121002 (Career & Technical Education)

121003 (Liberal Arts & Sciences)

121004 (Allied Health & Nursing)

Third Party Billing Information continues on page 3 ->

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THIRD PARTY BILLING

(Only complete this portion if using third party billing)

Purchase Order Number: _____

Company/Agency Name: _____

Company/Agency Address: _____

I AUTHORIZE THAT THE ABOVE NAMED COMPANY/AGENCY
WILL BE RESPONSIBLE FOR:
South Central College Credit for Prior Learning Assessment Fees

Authorized Company/Agency Signature: _____

Date _____

NOTE: REGISTRATIONS WILL NOT BE PROCESSED WITHOUT AN
AUTHORIZED SIGNATURE. UPON RECEIPT OF THIRD PARTY
PAYMENT INFORMATION AND SIGNATURE, RETURN TO SCC
BUSINESS OFFICE FOR PROCESSING.

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RECEIPT: BOOKSTORE USE ONLY