



# South Central College

## CREDIT FOR PRIOR LEARNING PORTFOLIO COVER SHEET

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Student ID Number

\_\_\_\_\_  
Degree/Award sought (e.g. AAS, Certificate, Diploma)

\_\_\_\_\_  
Term Completed

\_\_\_\_\_  
Student Email Address

\_\_\_\_\_  
Daytime Phone

\_\_\_\_\_  
Student Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

### COURSE CREDIT SOUGHT:

Program or Department		Faculty Evaluator:	
Course Code & Number:	Course Name:	Course Hours:	

Date Portfolio Fee Paid \_\_\_\_/\_\_\_\_/\_\_\_\_

The assessment fee must be paid prior to assessment of portfolio and any credit award.

(Include copy of receipt.)

FOR QUESTIONS REGARDING CPL:

Credit for Prior Learning Coordinator

CPL@southcentral.edu

507-389-7394

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