**SUNY CANTON**

**Application for Prior Learning Credit**

**Part I (Completed by the applicant and returned to the School Dean)**

1. Date:
2. Student’s Name:
3. SUNY Canton ID#: 80
4. Curriculum name and number in which student is enrolled:
	1. Name:
	2. Number:
5. Courses for which applicant seeks Prior Learning Credit (e.g., ACHP 101; 2 Credit

 Hours; Refrigeration I) (Number of credit hours granted cannot exceed 15 for an

 Associate degree, 30 for a Baccalaureate degree)

Course Number(s) Credit Hours Course Name(s)

1. Total Credit Hours requested (number granted cannot exceed 15 for an Associate degree, 30 for a Baccalaureate degree)

Student Signature: Date:

Fee Paid Account #900568 ($40 per credit hour):       Date:

Student Service Center Signature: Date:

**Student returns receipted original to appropriate academic Dean**

**NOTE: It is the responsibility of the student to follow up and ensure that the form gets to the Dean. Student Accounts will not forward the form if the student is paying through CashNet.**

**Copy to Registrar**

**Part II (Completed by the School Dean)**

1. Faculty Advisor Assigned:

**Part III (Completed by the Faculty Advisor after Review Committee evaluation)**

1. Courses for which Prior Learning Credit is recommended:

Course Number(s) Credit Hours Course Name(s)

1. Total Credit Hours recommended (Number granted cannot exceed 15 for an Associate

 degree, 30 for a Baccalaureate degree):

Faculty Advisor Signature:  Date:

**Part IV (Completed by the School Dean)**

1. Courses for which Prior Learning Credit is awarded:

Course Number(s) Credit Hours Course Name(s)

B. Total Credit Hours awarded (Number granted cannot exceed 15 for an Associate

 degree, 30 for a Baccalaureate degree):

School Dean Signature: Date:

Fee Paid Account #900568 ($40 per credit hour):       Date:

Student Service Center Signature: Date:

**Forward receipted original to Registrar for distribution to student, advisor, and Dean.**