**Credit for Prior Learning Application**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date:** | Date |  |  |
|  |  |  |  |
| **Full Name:** | Last Name | First Name |  |
|  | *Last* | *First* |  |
| **Address:** | Street Address |  |  |
|  | *Street Address* |  | *Apt/Unit #* |
|  | City | State | Zip |
|  | *City* | *State* | *Zip Code* |
| **Phone #:** | Phone # |  |  |
|  |  |  |  |
| **Email:** | SUNY Canton email  |  |  |

|  |  |
| --- | --- |
| **SUNY Canton ID #:** | ID# |
|  |  |
| **Curriculum Name:** | Degree Name |
| **Microcredential name** (if applicable): | Microcredential Name |

**Which courses are you interested in submitting for review?**

\*Note: Number of credit hours cannot exceed 15 for an Associate degree, 30 for a Baccalaureate degree, 3 credits for a microcredential.

|  |  |  |
| --- | --- | --- |
| **Course Number** | **Credit Hours** | **Course Name** |
| Course Number | Credit Hours | Course Name |
| Course Number | Credit Hours | Course Name |
| Course Number | Credit Hours | Course Name |
| Course Number | Credit Hours | Course Name |
| Course Number | Credit Hours | Course Name |
| *Ex: ACHP 101* | *Ex: 2 credit hours* | *Ex: Refrigeration I* |

**Do you need to create a portfolio for this review?**  [ ] **YES** [ ] **NO**

|  |  |  |
| --- | --- | --- |
|  |  | Date |
| *Applicant Signature* |  | *Date* |

**\*\*When you have completed the information on page 1, please email the form to** **wcip@canton.edu**

|  |
| --- |
| **To Be Completed by Review Team: Non-Portfolio Review** |
| **Date Received:** |  | **WCIP Signature:** |  |
| **$300 Assessment Fee Deposit Requested Date:** |  | **WCIP Signature:** |  |
| **$300 Assessment Fee Deposit Paid Date:** |  | **WCIP Signature:** |  |
| **Date Sent to Relevant Dean:** |  | **Dean Signature:** |  |
| **Date Sent to Faculty:** |  | **Faculty Signature:** |  |
| **20 Business Days for Review** |
| **Date Review Completed:** |  | **Reviewer Signature:** |  |
| **Credit for Prior Learning Assessment** |
| **Course Number** | **Credit Hours** | **Course Name** |
| Course Number | Credit Hours | Course Name |
| Course Number | Credit Hours | Course Name |
| Course Number | Credit Hours | Course Name |
| Course Number | Credit Hours | Course Name |
| Course Number | Credit Hours | Course Name |
| **Completed Packet Must Include:** |
| **Credit for Prior Learning Application** |[ ]
| **Student Documentation** |[ ]
| **Credit for Prior Learning Assessment** |[ ]
| **Relevant Course Outlines** |[ ]
| **Date Sent to Dean:** |  | **Dean Signature:** |  |
| **Check One** | [ ]  **APPROVED** | [ ]  **DENIED** |
| **Date Sent to WCIP:** |  | **WCIP Signature:** |  |
| **5 Business Days to Notify Student** |
| **Date Charge Added to Account:** |  | **WCIP Signature:** |  |
| **Applicant Notified Date:** |  | **WCIP Signature:** |  |

|  |
| --- |
| **To Be Completed by Review Team: Portfolio Review** |
| **Date Received:** |  | **WCIP Signature:** |  |
| **$300 Assessment Fee Deposit Requested Date:** |  | **WCIP Signature:** |  |
| **$300 Assessment Fee Deposit Paid Date:** |  | **WCIP Signature:** |  |
| **Date Student Notified of Portfolio Class:** |  | **WCIP Signature:** |  |
| **Course Name:** | **CRN:** | **Course #:** | **Credit Hours:** |
| **Continue with Next Section Once Portfolio is Completed** |
| **Date Portfolio Received:** |  | **WCIP Signature:** |  |
| **Date Sent to Relevant Dean:** |  | **Dean Signature:** |  |
| **Date Sent to Faculty:** |  | **Faculty Signature:** |  |
| **20 Business Days for Portfolio Review** |
| **Date Review Completed:** |  | **Reviewer Signature:** |  |
| **Credit for Prior Learning Assessment** |
| **Course Number** | **Credit Hours** | **Course Name** |
| Course Number | Credit Hours | Course Name |
| Course Number | Credit Hours | Course Name |
| Course Number | Credit Hours | Course Name |
| Course Number | Credit Hours | Course Name |
| Course Number | Credit Hours | Course Name |
| **Completed Packet Must Include:** |
| **Credit for Prior Learning Application** |[ ]
| **Portfolio** |[ ]
| **Credit for Prior Learning Assessment** |[ ]
| **Relevant Course Outlines** |[ ]
| **Date Sent to WCIP:** |  | **WCIP Signature:** |  |
| **20 Business Days for Portfolio Review** |
| **Date Received by Portfolio Review Committee:** |  | **Committee Signature:** |  |
| **Check One** | [ ]  **APPROVED** | [ ]  **DENIED** |
| **Committee Signatures:** |  |
| **Committee Signatures:** |  |
| **Committee Signatures:** |  |
| **Date Sent to Dean:** |  | **Dean Signature:** |  |
| **Date Sent to WCIP:** |  | **WCIP Signature:** |  |
| **5 Business Days to Notify Student** |
| **Date Charge Added to Account:** |  | **WCIP Signature:** |  |
| **Applicant Notified Date:** |  | **WCIP Signature:** |  |