



Request for Prior Learning Assessment (PLA)

Instructions for Students: Complete and submit this request to the Registrar’s Office, along with any necessary supporting documentation.

Name: _____ **Student ID#** _____
 Last, First Middle

Email: _____ **Phone Number:** _____

I request assessment for prior learning as indicated below. I have read and understand the general policy for Credit for Prior Learning as outlined on the New River CTC website, and understand that payment of fees is nonrefundable and does not guarantee award of credits. I further understand that credit awarded will be posted to my transcript at the end of the grading period in which approval is granted. By typing my name below, I understand and agree that this form of electronic signature has the same legal force and effect as a manual signature.

Student Signature

Date

PLA Description and Fees			Business Office Use Only
Type of Assessment	Fee	Total	
<input type="checkbox"/> Advanced Placement (AP)	No Fee	-	
<input type="checkbox"/> Armed Forces – Military Credit	No Fee	-	
<input type="checkbox"/> College Level Examination Program (CLEP)	No Fee	-	
<input type="checkbox"/> Challenge Exam for the following course(s): _____ _____	Assessment Fee: \$35 Challenge Exam: \$75 per course		Date Paid: _____ _____
<input type="checkbox"/> Portfolio Assessment for the following Course(s): _____ _____	Assessment Fee: \$35 Portfolio Fee: \$75 per course		
<input type="checkbox"/> Certification or Licensure Type of Certification or Licensure to be reviewed: _____ _____	Assessment Fee: \$35 Certification/License Evaluation Fee: \$75		Initials: _____ _____
Total Due:			

Posted by Registrar (signature)

Date

CC: Dean of appropriate department.

Course No	Course Title	Credits	Credit/No Credit	Faculty Assessor Signature	Date

To submit this form:

Email: jschofield@newriver.edu | **Fax:** 304-929-6719 | **Mail:** 280 University Drive, Beaver, WV 25813