## A close-up of a logo  Description automatically generated

**CORNING COMMUNITY COLLEGE**

1 Academic Drive, Corning, NY 14830

**PRIOR LEARNING ASSESSMENT CREDIT BY EXAMINATION FORM**

DATE: Click here to enter a date. STUDENT ID: Enter C Number.

STUDENT NAME (PRINT): Enter Last Name., Enter First Name.

ACADEMIC PROGRAM: Enter Name of Academic Program.

Prior Learning Assessment Credit by Examination Requested for the Following Course(s):

SUBJECT: Enter SUBJ.CRSE #: Enter #. TITLE: Enter title.CR: Enter CR.

I understand that this application indicates that I am approved to complete a CCC Credit by Examination and credit is not guaranteed. Credit will be awarded only if there is a positive assessment completed exam.

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Application Approval:

Associate Dean (signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Faculty member(s) assigned for examination\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bursar’s Office:

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

| **Exam** | **Fee** | **Fee Paid** |
| --- | --- | --- |
| Written | $240.00 |  |
| Lab | $240.00 |  |
| **Total Paid** |  |  |

Assessment Results:

\_\_\_\_\_ Credit by Examination Prior Learning Assessment is awarded

\_\_\_\_\_ Credit by Examination Prior Learning Assessment is not awarded

Assessor (signature): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Associate Dean (signature): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Vice President (signature): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_