

Prior Learning Application
Request for Credit for Portfolio Development

STUDENT INFORMATION			
Last Name	First Name	MI	Student ID
Street / PO Address		Current BSC Student	YES NO
		Term Credits Applied	FALL SPRING SUMMER
City/Town	State	Zip	
Email		Telephone	

COURSE INFORMATION			
Please list the BSC courses you wish to provide portfolio(s) to be evaluated for credit:			
Course Prefix	Course Number	Course Title	Credit Hours

_____ Total Credits Requested \$ _____ Total Fee (1/2 cost of tuition)

I have reviewed the BSC student policy – Portfolio Development. I understand that limits and regulations of the policy. A charge will be added to your Campus Connection account; payment must be submitted within 30 days.

Signature: _____ Date: _____

For Bismarck State College Purposes Only

REQUEST VERIFICATION

Signature: _____

Date: _____

Alternative Learning Coordinator

DEPARTMENT CHAIR VERIFICATION

Signature: _____

Date: _____

Department Chair

STUDENT FINANCE

Charges Applied to Account: _____

Date: _____

Signature: _____

Payment Date: _____

Student Finance Manager

COURSE(S) ENTER ON TRANSCRIPT

Signature: _____

Date: _____

Academic Records Specialist