

**Red Rocks Community College
Credit for Prior Learning Self-Assessment**

Name: _____

Address: _____

City: _____ State _____ Zip _____

Phone: (home) _____ (work) _____

Degree or certificate program: _____

List courses for which you are requesting prior learning credit:

	Prefix	Number	Title	Credits
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____

EXPERIENTIAL LEARNING EXPERIENCES

This section should be as detailed as possible. Feel free to attach additional sheets to this form.

TRAINING May include correspondence, seminars, conferences, workshops, continuing education, formal military training, clinics, television/radio courses, etc.

A. _____

B. _____

C. _____

JOB OR WORK EXPERIENCE Include position or title, length of time in position, acquired skills.

A. _____

B. _____

C. _____

VOLUNTEER EXPERIENCE

Church, community, politics, schools, include length of time and duties/skills acquired.

- A. _____
- B. _____
- C. _____
- D. _____

INDEPENDENT LEARNING

Independent research, projects, (e.g. Self-taught computer skills, extensive reading, public writing and/or speaking, foreign languages, business owner/operator, include length of time, and skills acquired.

- A. _____
- B. _____
- C. _____
- D. _____

RECREATIONAL ACTIVITIES

For example: Acting, theater production, music performance, travel/tours, including acquired knowledge.

- A. _____
- B. _____
- C. _____
- D. _____

RELATED LICENCES OR CERTIFICATES

- A. _____
- B. _____
- C. _____
- D. _____

MEMBERSHIP IN RELATED ORGANIZATIONS

- A. _____
- B. _____
- C. _____
- D. _____