

MSU Moorhead
Application for Credit for Prior Learning

Completed by Student

Name _____ Dragon ID # _____
Address _____ Phone/Cell Number _____
e-mail: _____ (print clearly)

Credit Requested

Dept _____ Evaluator _____ Credits _____
Student Signature _____

Eligibility Verified

Signature _____ Date _____

Fee Paid

Number of Credits _____ Amount Paid _____
Signature _____ Date _____

Records in the Continuing Studies Office (Preliminary Recording)

Signature _____ Date _____

Evaluation

Evaluator's Name: _____ Office Phone _____

Department _____ Office Location _____

Dept. No. Title

I approve an award of _____ credits _____
and _____ credits _____

No credit awarded _____

Evaluator's Signature _____

Approved by Department Chair

Department Chair Signature _____

Recorded in the Continuing Studies Office (Final Recording)

Signature _____ Date _____

Send to the following after all signatures are in place.

Original Copy: Kathy A, MSUM Record's Office

CC: Evaluator

Jolene Richardson, Assistant Director of Continuing Studies

Nancy Kruse, Continuing Studies

11/2006