

Student Last Name:	Student First Name:	M.I.:	Student ID#:
Date of Birth: <i>mm/dd/yyyy</i>	Email:	Phone#: <i>(xxx)xxx-xxxx</i>	
Street Address:			
City:		State	Zip:
Program Enrolled:	Course Title:	Course #:	Credits:
Assessor Name:			

Payment Information

A stamp marked "Paid" must be shown on this form or a receipt attached/scanned must be included to verify payment was made. Assessment Fee: \$50 = Challenge Exam; \$90 = Portfolio/Demonstration

\$50 = Challenge Exam

\$90 = Portfolio/Demonstration

\$0 = Fee Waiver *(if applicable)*

Course Enrollment

Currently Enrolled in Course?

Yes

No

If yes, upon successful completion, do you want the Registrar's Office to withdraw you from the course? *(Refunds are given in accordance to the State Uniform Fee Refund Policy.)*

Yes

No

Student Signature	Date:
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----- Below this Line - Assessor Use Only -----

Credit for Prior Learning

Please indicate the types of assessment used to evaluate course competencies, check all that apply. If the student was unsuccessful in a competency(s), please provide feedback.

Course Competency 1	Written/Portfolio	Successful
	Demonstration/Performance/Oral	Unsuccessful
Course Competency 2	Written/Portfolio	Successful
	Demonstration/Performance/Oral	Unsuccessful
Course Competency 3	Written/Portfolio	Successful
	Demonstration/Performance/Oral	Unsuccessful
Course Competency 4	Written/Portfolio	Successful
	Demonstration/Performance/Oral	Unsuccessful
Course Competency 5 <i>(if applicable)</i>	Written/Portfolio	Successful
	Demonstration/Performance/Oral	Unsuccessful

Course Competency 6 <i>(if applicable)</i>	Written/Portfolio Demonstration/Performance/Oral	Successful Unsuccessful
Course Competency 7 <i>(if applicable)</i>	Written/Portfolio Demonstration/Performance/Oral	Successful Unsuccessful
Course Competency 8 <i>(if applicable)</i>	Written/Portfolio Demonstration/Performance/Oral	Successful Unsuccessful
Course Competency 9 <i>(if applicable)</i>	Written/Portfolio Demonstration/Performance/Oral	Successful Unsuccessful
Course Competency 10 <i>(if applicable)</i>	Written/Portfolio Demonstration/Performance/Oral	Successful Unsuccessful
Course Competency 11 <i>(if applicable)</i>	Written/Portfolio Demonstration/Performance/Oral	Successful Unsuccessful
Course Competency 12 <i>(if applicable)</i>	Written/Portfolio Demonstration/Performance/Oral	Successful Unsuccessful
Course Competency 13 <i>(if applicable)</i>	Written/Portfolio Demonstration/Performance/Oral	Successful Unsuccessful
Course Competency 14 <i>(if applicable)</i>	Written/Portfolio Demonstration/Performance/Oral	Successful Unsuccessful
Course Competency 15 <i>(if applicable)</i>	Written/Portfolio Demonstration/Performance/Oral	Successful Unsuccessful

Challenge Exam ONLY

Passing Score Needed:	Passing Score Earned:
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Feedback

Final Assessment

Student **successfully** met course competencies/**passed** Challenge Exam

Student **unsuccessfully** met course competencies/**did not pass** Challenge Exam

Assessor Signature:	Date:
Adult Learning Specialist Signature:	Date:

Attn Assessor:

Please submit form and students graded work, and return either electronically or through interoffice mail to:

Tracy Noyes, R164E | noyest@westernnc.edu | 608-785-9441