

| | | | |
|----------------------------------|---------------------|------------------------------|--------------|
| 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 = 1-2 credits; \$100 = 3+ credits.

\$50 = 1-2 credits

\$100 = 3+ credits

\$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: |
|-------------------|-------|

----- 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: |
|-----------------------|-----------------------|

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, C130 | noyest@westernnc.edu | 608-785-9441