

# Petition for Non-Traditional Credit: For Prior Learning



**PLEASE SUBMIT EACH REQUEST ON A SEPARATE FORM**

Name \_\_\_\_\_ SID # \_\_\_\_\_

Previous Name \_\_\_\_\_ Email \_\_\_\_\_

Complete Address \_\_\_\_\_

Phone \_\_\_\_\_

***The program I am requesting this for***

- Associate in Arts, University and College Transfer (AAUCT)  ATA in \_\_\_\_\_
- AA General Studies  AAS-T in \_\_\_\_\_
- AA General Studies - SOCNAV  Emphasis (if applicable) \_\_\_\_\_
- Associate in Biology  Certificate in \_\_\_\_\_
- Assoc. in Business  Assoc. in Science, Emphasis \_\_\_\_\_
- Assoc. in Music  Other \_\_\_\_\_
- Assoc. in Pre-Nursing
- Assoc. in Visual Arts

*I request that* \_\_\_\_\_  
(Please list the employment or experience that is to be evaluated.)

*be considered for Prior Learning Credit for*

<b>Course #</b> _____	<b>Course name</b> _____
<b>Instructor</b> _____	<b>Instructor email</b> _____
<b>Department</b> _____	<b>Dept. Chair</b> _____

**Student to complete the Prior Learning Outcome Assessment Form at [www.skagit.edu/priorlearningoutcomeform](http://www.skagit.edu/priorlearningoutcomeform) and attach to petition.**

I hereby certify under penalty of perjury under the laws of the state of Washington that the information provided on this petition are true and correct.

**Student signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Instructor signature** \_\_\_\_\_ **Date** \_\_\_\_\_

# Petition for Non-Traditional Credit: For Prior Learning



Currently enrolled students may earn college credit when they demonstrate by examination or evaluation that their professional experience or substantial prior learning meets the specific outcomes of a SVC course. Each department determines the evaluation method required for students to demonstrate mastery of the course content. Certain courses are designated not appropriate for credit by examination or evaluation.

**PROCESS:**

1. Contact SVC's Credit for Prior Learning point of contact Darren Greeno, Dean of Workforce Education, (360) 416-7802 for initial consultation and referral.
2. Meet with department chair of relevant instructional program to initially review prior learning and identify which courses might be satisfied through prior learning
3. Complete appropriate paperwork. The expectation is that the Learning Outcome Assessment Form will be filled out in detail with college-level writing and complete documentation. If assistance is required, contact Brock Veltri, Cooperative Education Specialist/Career Services at [brock.veltri@skagit.edu](mailto:brock.veltri@skagit.edu) or 360-416-7684.
4. Pay necessary tuition and fees associated with petition(s) at your local cashier office and turn completed paperwork with receipt into the office of the Dean of Workforce Education located in the Nelson Building room 221. **You must attach documentation, including transcripts, DD295s or "Smart Transcripts", or industry training documents.**

When paperwork is completed and received by the Dean of Workforce Education, it will be reviewed. If the student has achieved the learning outcomes for the SVC course through prior learning, the student may be awarded credit for the course. When determination is made, you will receive a copy of the decision from the registrar. Payment of tuition and fees does not guarantee credit. Tuition and fees will not be reimbursed if credit is not awarded.

**ATTACH ALL DOCUMENTATION TO THIS FORM.  
YOUR REQUEST WILL NOT BE PROCESSED WITHOUT APPROPRIATE TRANSCRIPTS, DD295s or  
"SMART TRANSCRIPT", INDUSTRY TRAINING DOCUMENTS, ETC.**

**Student pays transcription fee of \$60.00 per credit.**

<b><i>For College Personnel Use Only</i></b>			
<b><i>Tuition and Fees Due:</i></b>			
<i>Credits Requested:</i> _____		<i>Fee Per Credit:</i> _____	
<b><i>To be deposited into account</i></b> _____		<b><i>Total Due:</i></b> _____	
Dept _____	Dept Chair Signature _____		
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	Please attach rationale	Date
Dean or WIC VP Signature _____			
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	Please attach rationale	Date
Registrar Signature _____			
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	Please attach rationale	Date