Prior Learning Assessment (PLA) Intake Form

Contact Information:

Name: ____________________________  Bucks Student#: ____________________________

Email address: ______________________  Telephone#: ____________________________

Major/Program of Study: ____________________________

Education/Career Plans: ____________________________

Testing/Examination: (fees will be assessed)

Proposed course(s) to be challenged:
BCCC Course#  Course Title  Credits  Type of Exam (CLEP, CREX, DSST, NYU)

__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

Non-Collegiate Instruction - Technical High School:

Technical high school: ____________________________

Program studied: ____________________________  Graduation date: ____________________________

Competency Sheets/Proficiency Reports: ____________________________

Official high school transcript: ____________________________

Other Non-Collegiate Instruction/Training:

Credential/Training: ____________________________

__________________________________________________________________________________________

Documentation: ____________________________

Training evaluated by: ACE _____  PONSI _____  BCCC _____  Other: ____________________________

Individualized Assessment - Portfolio: (fees will be assessed)

Proposed course(s) to be challenged:
BCCC Course#  Course Title  Learning that matches the course syllabus

__________________________________________________________________________________________
__________________________________________________________________________________________
Non-Collegiate Instruction - Apprenticeship Program:

Type of Apprenticeship Program: ________________________________________________________________

Documentation: _____________________________________________________________________________

General Inquiry:

Proposed course(s) to be challenged:
BCCC Course#       Course Title       Course Syllabus Attached
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________

Details regarding college level learning that matches the syllabus:
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________

PLA Guidelines / Disclaimer:
I have examined the list of required courses for my program of study and understand that equivalent credit will only be granted for courses that pertain to my program of study and/or are needed as a prerequisite for higher level course work. I understand that Prior Learning credit is marked CL, CR or LE on the Bucks County Community College (BCCC) transcript, no grade is awarded and this credit is likely not transferable. I take full responsibility for any transfer planning and will look into this matter with the transfer school(s) concerned. I understand that no more than 30 non-graded credits may be applied toward an associate degree, no more than 15 toward a certificate. I understand that official documentation is required before equivalent credit based on prior learning will be proposed or awarded. I am aware that there is a fee for certain methods, such as testing and portfolios, and that the fee is payable in advance and non-refundable whether or not credit is awarded. I have reviewed the information regarding PLA at BCCC. I will obtain academic advising from the department of my major area of study before adding or dropping classes in the hope of receiving equivalent credit through PLA.

Signature ___________________________  Date ___________________________

Staff Notes:
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