



6710 108th Ave NE
PO Box 579
Kirkland, WA 98083-0579
425-889-7793 LEAP
425-739-4602 LEAP fax

Cohort _____

Termcode _____

Certified Prior Learning – Credit Request

Student Name _____ Student ID _____

Major _____ Academic Advisor _____

I request that Northwest University assess for college credit the training and certifications listed below. The materials contained in this request are accurate and true to the best of my knowledge, and I authorize Northwest University to verify any details necessary in the process of assessment.

Signature _____ Date _____

Authorization: ACE, PONSI, NU Professor, State of WA, etc.

Type of Training/Certificate (Copy must be attached for review):

Comments:

Amount of credit requested: _____

Northwest University equivalent course: _____

Director, Curriculum Dev./PLA _____ Date ____/____/____

Content Evaluator _____ Date ____/____/____
(Signature indicates agreement that the content of the course listed is equivalent to college-level learning.)

Divisional Dean _____ Date ____/____/____

Registrar ____/____/____

Lower division credits granted _____

Upper division credits granted _____