CREDIT FOR PRIOR LEARNING

REQUEST TO APPLY APPROVED CPL EQUIVALENCY CREDIT

This form is to be used by students who have evidence of completing an EXISTING, UNIVERSITY-APPROVED CPL experience (see list at www.millersville.edu/gsal/cpl) to request that the associated credit(s) be added to their transcript.

STUDENT: *Fill out the following fields and forward to your advisor along with documentation showing that you successfully completed one of Millersville's recognized CPL experiences.*

STUDENT NAME: _____   STUDENT ID#: _____

EMAIL: _____   ADVISOR NAME: _____

PROGRAM: _____

Training or credential presented: _____

Date of completion: _____   Today's date: _____

ADVISOR: *If you agree that the above named student is eligible for CPL and you are in support of this request,* *fill in your name/signature and date below and forward to Office of Graduate Studies and Adult Learning (email AdultLearning@millersville.edu), along with the documentation / score report.*

CPL Credit earned:	Subject/Course #	Title	Credits

Advisor Approval: _____   Date: _____

Comments: _____

GSAL: Confirm that requested CPL credential or training equivalencies are approved and on file, and forward to registrar Transfer Coordinator.

Confirmed by _____   Date _____

REGISTRAR:

Date Entered in Banner: _____

Additional Info: