BOISE STATE UNIVERSITY

Credit for Prior Learning

Challenge | Credit for Prerequisite Not Taken | Portfolio Assessment

Section 1: Student Information (to be completed by student)

First Name MI Last Name Student ID

Address City State Zip

Phone Number Email Address

I request approval to receive prior learning credit for the following course(s):

Student Signature Date

Students must be currently enrolled at Boise State University to apply for Prior Learning credits.

Section 2: Type of Credit and Courses Requested (to be completed by student and submitted to department for approval)

Type of prior learning credit: ☐ Challenge ☐ Credit for Prerequisite not Taken ☐ Portfolio Assessment

I am requesting credit for the following semester/year: ☐ Fall ☐ Spring ☐ Summer Year_____

Subject/Catalog #	Title	Credits

Faculty Name (Print)

Faculty Approval (Sign) Date

Section 3: Fee Payment (to be completed by department)

Type of Credit (please check one)	Fee Per Course	Number of Courses	Total
☐ Challenge—department prepared test	$50		$
☐ Challenge—externally prepared test	$20		$
☐ Credit for Prerequisite Not Taken	$20		$
☐ Portfolio Assessment	$75		$
		Total:	$

Section 4: Fee Distribution (to be completed by academic department)

Amount Received:_____ Received by:_____ Date:_____

Department	Fund	Department	Cost Center	Acct Code	Supplemental	Project	Amount
							$
				Total: **(must match total in section 3)**			$

Section 5: Credit Earned

Subject/Catalog #	Title	Credits	Grade

Faculty Name (Print)

Faculty Approval (Sign) Date

Department Chair (Print Name and Sign) Date

Deliver to: Boise State Registrar's Office, Administration Building, Room 110, 1910 University Drive, Boise, ID 83725-1365

Email: regmail@boisestate.edu | Phone: (208) 426-4249 | FAX: (208) 426-3169