



Application for Prior Learning Assessment

First and Last Name: _____ GNTC Student ID Number: _____

Street Address: _____ Apt/Lot/Suite: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ GNTC Student Email Address: _____

Program of Study: _____

Please Select the Prior Learning Assessment Credit options requested (check all that apply):

- Military training
- Credit by Competency Exam
- Documented Learning
- Work Experience
- Non-transferable Credit

PLA fee (competency exam only)

- Pay competency exam fee (if applicable) at the cashier's window. All fees are non-refundable and non-transferable.

GNTC Cashier: Please sign to verify that the competency exam fee was collected.

Cashier Signature: _____ Date: _____

- Not Applicable

PLA Request for Credit Table (To Be Completed by Student and/or Advisor)		
Course Number	Course Title	Credit Hours

I certify that the information provided on this form and all supporting documentation is true and correct. I understand that I am not guaranteed a credit award and that the final decision in all matters relating to the granting of academic credit rests with the Registrar and/or the Vice President for Academic Affairs.

Student Signature

Date

For Official Use Only	
Date Received: _____	
Printed Name of GNTC Official Receiving PLA Packet: _____	
Signature of GNTC Official Receiving PLA Packet: _____	