PRIOR LEARNING ASSESSMENT REQUEST

Arkansas State University – Beebe Office of the Registrar PO Box 1000 Beebe, AR 72012 PH 501.882.4415 FAX 501.882.4421



Student Name: _____

SID: _____

CREDIT REQUESTED BY STUDENT:			
Ex. SOC 2213 – Principles of Sociology			

TO BE COMPLETED BY INSTRUCTOR:

Evaluation method(s) used: (Include documentation with this form)					
Portfolio	Interview	Written Exam	Skills Exam		
Other (specify):					

Credit to be awarded:		
Ex. SOC 2213 – Principles of Sociology		

Credit to be denied:			
Ex. SOC 2213 – Principles of Sociology			

Faculty Member:	Recommend	Not Recommend
Academic Dean:	Recommend	Not Recommend
VCA:	Approved	Not Approved