Prior Learning Assessment Form

Date

Students looking to receive credit for life experience or certificate completion must provide certificates (CPA, Fire Academy, EMT, Police Academy, etc.) and documents to the Transfer Resource Center. These documents will be sent to the appropriate departments and/or dean's office for assessment.

Student ID Number		
Please type the student name belo	w as it appears in NJCU records.	
Last Name	First Name	Middle Name
Contact Information		
NJCU Email Address	Personal Email Address	Telephone Number
Program		Advisor
Applicant's signature		 Date
	nents will become part of the student's acad ned. If awarded, credit will be posted on the	•
TO BE CO	OMPLETED BY MAJOR DEPARTMENT CHAIR O	r Dean ONLY
certificates, certification, etc. Pleas	entation to assess and determine potential crops of the complete the information below and returned or 2039 John F. Kennedy Blvd Jersey City,	n this document to the Transfer
Student is eligible to receive th	ne following NJCU equivalent course(s) and co	redit(s).
What was assessed (port	tfolio, certificate, certification, etc.) NJC	CU Equivalent Course Credits
Student is not eligible to receiv	ve credit for the attached document(s) based	on the reason(s) identified below.

Department Chair/Dean Signature