NORTHWEST
LOUISIANA TECHNICAL COMMUNITY COLLEGE

Credit by Evaluation of Training and Credentials Form

Last Revision: 7/7/2025
Policy Reference: #1.023 - Credit for Prior Learning

Name: _____ Student ID# _____

Program Major: _____ Campus: _____

I wish to apply for prior learning credit for the following course:

Course Title/Name _____

Course No. and Prefix _____Credit Hours: _____

Student Signature: _____ Date: _____/_____/_____

Instructor/Department Head: _____ Date: ____/_____/_____

Proof of learning: Describe Proof Provided (NCCER Card, OSHA 10 card, CNA cert. #, Military documentation)

_____

_____

_____

*****Photocopy of card/documentation must be submitted with this form.**

Approval:

Program Coordinator/Dean: _____ Date: ___/_____/____

VC Academic & Student Affairs: _____ Date: ____/_____/_____

Processed by: _____ Date entered: _____/_____/_____

Amount Paid _____ Payment method ____ Cash ____ Check ____ Money Order ____Waived

Payment received by: _____ Date: _____

Fee waived by: _____ Date: _____