KELLOGG
COMMUNITY COLLEGE

Office of the Registrar
450 North Avenue • Battle Creek, MI 49017-3397
(269) 965-4129 • www.kellogg.edu/registrar

REQUEST FOR RECOGNITION OF PRIOR EXPERIENTIAL LEARNING

NAME and ADDRESS

First Middle Initial Last

Street

City State Zip Code

PHONE NUMBER

KCC ID or SOCIAL SECURITY NUMBER

DEGREE/CERTIFICATE

CATALOG YEAR

STUDENT ENDORSEMENT

I understand that to have prior experiential learning credits recorded on my Kellogg Community College transcript, I must have completed coursework at KCC. Courses for which I receive a grade of "W," "I," "N," or Audit are not considered completed.

Signature Date

This section to be completed by the appropriate academic department.

COURSE TITLE COURSE NUMBER CREDIT HOURS

EVALUATION

CONDUCTED BY

Signature Date

RECOGNITION BASED UPON (Check one or more as applicable. Attach appropriate documentation.)

☐ Performance Record ☐ Portfolio ☐ Examination ☐ Transcripts ☐ In-Depth Interview

DESCRIPTION OF EVALUATION

STAFF ENDORSEMENT

Division Dean, Department Chairperson, or Program Coordinator Signature Date

This section to be completed by the Registrar's office.

FEE AND PAYMENT INFORMATION

CREDIT HOURS INDUSTRIAL TRADES MODULES

_____ ($20 each) = _____ _____ ($5 each) = _____

RECEIVED BY RECORDED ON THE STUDENT'S ACADEMIC RECORD BY

Name Date Initials Date

Routing: Student and/or Registrar's office → Department Chair/Program Coordinator → Registrar's office

White - Registrar Canary - Department Pink - Student Copy