RIO SALADO COLLEGE
A **MARICOPA** COMMUNITY COLLEGE

Credit for Prior Learning by
Departmental Credit-by-Examination
or
Certificates & Licenses

Credit earned through Credit by Examination and/or Evaluation is transferable within the Maricopa Community Colleges. It is strongly recommended that the candidate check with his/her local college or university regarding credit transferability prior to registering for the examination/evaluation.

Candidate must be a current or former Rio Salado student to receive credit.
Candidate may NOT request:

- To challenge a course a second time
- To challenge a course while currently enrolled in the course
- To establish credit in a previously completed course; and
- To establish credit for a lower level of a course in which credit has been received.

Exceptions may be granted at some MCCCD colleges for their unique programs of study. Certain departments may have additional requirements that must be met before credit may be granted through departmental credit by examination.

Only grades of A, B, C, D or P earned as a result of this examination will be recorded on the student's transcript.

When credit is granted as outlined above, a notation of "credit by examination," a grade and the number of credits will appear on the transcript. The grade is used in computing the grade point average.

Fees are non-refundable after the examination/evaluation has been completed, regardless of results. Fees are subject to change without prior notice.

By signing below, you understand and agree to all the terms and conditions.

_____

Print Name   Signature   Date

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If you are taking a Departmental Challenge Exam fill out Part 1 and 3.
If you are requesting credit for a certificate/license fill out Part 2 and 3.

1. Departmental Challenge Exam

Course #	Title of Course	Credit Hour(s)	Grade (Instructor)

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2. Certificates & Licenses

A list of options http://www.riosalado.edu/testing/prior-learning/Documents/certificates-licenses.pdf

A copy of your license/certificate/transcript must be attached for verification.

Certification	Date of Completion	Verification Code	Course	# Credit Hours

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3. Payment Information

# Courses	$/Course	Total

_____

Signature   Printed Name   Date
Faculty Chair

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Signature   Printed Name   Date
Director of Testing