

### ADVANCED STANDING: CREDIT for PRIOR LEARNING/LIFE EXPERIENCE

**Steps:**

1. Refer to the AUNE Academic Catalogue (available on the AUNE website) for information on policy and procedures associated with obtaining prior learning credit.
2. Provide all requested information.
3. Sign the form; Obtain Faculty Advisor and Department Chair signatures. (Student Services will obtain Dean's signature.)
4. Submit the completed form to Student Services. (Keep a copy for your records.)

Today's Date: \_\_\_\_\_ Name: \_\_\_\_\_

Student ID: \_\_\_\_\_ Program Enrolled In: \_\_\_\_\_

Address: \_\_\_\_\_ Antioch Email Address: \_\_\_\_\_

Are you enrolled at AUNE under a partnership, consortium or some other formal agreement?  No  Yes

If yes, what is the organization: \_\_\_\_\_

**1). To be Completed by Student After Consultation with Faculty Advisor**

I am applying for \_\_\_\_\_ credits to be awarded based on prior learning derived from life experience. I have attached:

- A) Documentation that describes the nature of this prior learning experience and  
B) An outline of my proposed plan for how this learning fulfills requirements in an AUNE competency area:

Student's Signature: \_\_\_\_\_

**2). To be Completed by the Faculty Advisor**

I have reviewed the documentation attached by this student and support the award of credit for this student's learning through prior learning/life experience:  Yes  No

Action taken by Faculty Advisor on student's proposed plan of documentation and demonstration:

**SUBJECT AREA**

**COMPETENCY AREA (if applicable)**

Faculty Advisor Name-Printed: \_\_\_\_\_ Faculty Advisor Signature: \_\_\_\_\_

**3). To be Completed by the Department Chair**

I approve the award of credit for this student's learning through prior learning/life experience:  Yes  No

Department Chair Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**4). To be Completed by the Academic Dean**

I approve the award of credit for this student's learning through prior learning/life experience:  Yes  No

Academic Dean Signature: \_\_\_\_\_ Date: \_\_\_\_\_