

# Advanced Standing: Credit for Prior Learning/Life Experience



## Instructions

Use this form to request credit for a prior learning or life experience. Please refer to the [AUNE Academic Catalog](#) found on the university website (Antioch.edu) for information on policy and procedures associated with obtaining prior learning credit. All sections need to be completed and all supplemental documentation needs to be attached whether initiated by student or department. Please save a copy of the fillable PDF prior to completing and submitting to the academic department. Once signed by the student, the department will obtain signatures and forward the form to student services for processing. Further information may be requested. Please allow 3 weeks for processing. If you have any questions, please contact your academic department or Student Services at studentservices.ane@antioch.edu or 603-283-2490.

## Student Information:

Student Name on School Record		Email address	@antioch.edu
Student AUeID		Telephone Number	
Enrollment/ Full or Part -Time		Program and Degree	

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

I have attached 1) \_\_\_\_\_ Documentation that describes the nature of this prior learning experience and 2) \_\_\_\_\_ An outline of my proposed plan for how this learning fulfills requirements in an AUNE competency area

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## To Be Completed by 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)

Advisor Printed Name: \_\_\_\_\_ Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## To Be Completed by Program/Department Chair

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

Program/Department Chair Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## To Be Completed by Academic Dean

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

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