Prior Learning Assessment Portfolio Application

Complete this application if you are requesting credit for prior learning and submit to the School of Information Technology (Professional Sciences Center) or infotech@mga.edu.

First Name: Last Name: ID:

_____   _____   _____

Course for which you are requesting credit:

Briefly explain why you are requesting prior learning credit:

_____   _____

Signature   Date

APPROVALS

_____   _____
School of IT Faculty   Associate Dean, School of IT