

Prior Learning Request Form

By completing this application, you are informing The Art Institute of Houston that you wish to apply for credit for prior learning. All applicants must submit a \$100 faculty evaluation fee (per course) when submitting an application for consideration. This application fee is non-refundable even if credit is not awarded.

Name _____ ID/SS# _____ Major _____

Local Address _____

City _____ State _____ Zip _____

Current Phone _____ Pager _____ Cellular _____

E-Mail _____ Graduation date (qtr) _____

Program _____ Quarter _____ Year _____

To the best of my knowledge, I have fulfilled the course requirements for the following course:

_____ (One form for each course.)

Student Signature: _____ Date: _____

****Important Reminders to all Candidates for Credit for Prior Learning****

- You must meet with the Academic Director/Dept. Chair who will explain the process.
- You must submit a letter describing in detail why you should be awarded credit for prior learning, which should be submitted along with your application and your application fee.
- Your faculty evaluator will contact you to provide instructions about the materials that will be necessary to complete your application.
- You will be required to submit portfolio documentation based on course competencies such as letters of reference, CD-ROM of work samples, actual work samples, and/or narratives.
- You will be required to complete a written or verbal assessment which may or may not include a final exam.
- Once you submit the requested materials, your evaluator will notify you within 30 days of whether or not you have met the minimum requirements.
- Your application fee is non-refundable even in the event you are not awarded credit for prior learning.
- You will be charged an additional \$50 for each credit hour for which proficiency credit is granted.
- Once you have attempted a course you may not apply for credit for prior learning for that specific course.

Office Use Only

Application Fee Paid to the Student Accounting Office _____

Application reviewed by Department Chair: _____ **Date** _____

Review assigned to _____

Signature of the Academic Reviewer: _____ **Date** _____

Course Considered _____ **Credit Awarded** ___ Yes ___ No

Please attach supporting materials to applications that are approved to award credit.

Academic Department Director/Dept Chair _____ **Date** _____

Dean of Academic Affairs _____ **Date** _____

Transcript Updated by the Registrar's Office: _____ **Date** _____