

Ai The Art Institute of HoustonSM

Office of the Registrar

Prior Learning Request Form

ALL COURSE WORK MUST BE CHALLENGED PRIOR TO YOUR GRADUATING QUARTER. 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# _____ 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 _____

Credit Hour Fee Paid to the Student Accounting Office _____

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