

DUTCHESS

COMMUNITY COLLEGE

Credit for Industry Certifications and Licenses Request Form

Date of Request: _____ Semester: _____

Name: _____ A#: _____

Address: _____ Phone#: _____

1. Submit this form, government issued ID, valid credential, as well as any additional required documentation, to the Prior Learning Assessment Coordinator.
2. Pay the non-refundable fee remotely or at the Student Financial Services Office.
3. All credentials are validated through the issuing agency or organization to award credit, as approved by the academic department. Please make sure the credential is current prior to submitting this request. If credit is granted, the student will receive notification to their DCC email account. Awarded credit will appear on the student's official record as proficiency credit (J).

Please indicate below the course you are pursuing credit for based on your prior learning.

Subject	Course No.	Course Name	Credit Hours

Type of Request and Required Documentation: Please select the type of evaluation you are requesting and for which you are including the appropriate documentation of your learning, as noted.

- Current Industry Certification or Licensure**
- Submit copy of certification/license, issuing agency, and expiration date, if not already listed on the credential.

- Military Training**
- Request official transcripts from or an official Joint Service Transcript (JST) (Army, Coast Guard, Marine Corps, Navy and Reserves) and have them submitted directly to DCC's Admissions Office, before submitting this completed form.

For assistance in preparing this request, please contact: Carl Norris, Prior Learning Assessment Coordinator: Bowne Hall 210-B, or via email at carl.norris@sunydutchess.edu.

By signing, I agree to the terms and conditions of the Credit for Prior Learning Policy at DCC. I understand that a credit for Certification and/or Licensure fee for this course will result in a non-refundable \$35 assessment fee.

Prior Learning Assessment Coordinator: _____ Date: _____

Student Financial Services Signature or presentation of online payment receipt: _____ Date: _____

Registrar's Office: _____ Date: _____