

Prior Learning Assessment (PLA) Registration Form

Raider Connect 3640 Colonel Glenn Hwy. Dayton, OH 45435-0001 (937) 775-4000 FAX: (937) 775-4410 RaiderConnect@wright.edu

Student must be registered for the term in which the prior learning is assessed by exam or portfolio assessment. PLA credits received will not be considered as residency credit. Student may attempt the exam or portfolio assessment no more than two times for the same course. Student may attempt the exam or submit the portfolio within 60 days of the chair's signature in Section 1. Student must obtain department approval and submit this form to the Bursar with payment. The Bursar will send this form within seven days to the department along with an email confirmation to the student.

Student Name			UID		
Student Email					
SECTION 1: DEP	ARTMENT	APPROV.	AL		
☐ First Attempt					
☐ Second Attempt Course Number		mber Cou	Course Title		Credit Hours
Department		Dep	Department Contact		
DEPARTMENT MUST BANNER FUND/ORG		PARTMENT	г		
FUND ORG	<u>505250</u> ACCT	99888 > PROG S	(Date	
SECTION 2: REM	IIT PAYMEN	IT			
Non-refundable PLA f	ee (check one)	:			
☐ \$150 for fi	rst attempt for	course liste	d under Section 1.		
_	•		eted under Section 1.		
_ \$7.0.00					
Send Form and Payment to: Office of the Bursar, Wright State University, 3640 Colonel Glenn Highway, Dayton, OH, 45435-0001 OR use the secure drop box at 055 Student Union. BURSAR USE O DETAIL CD 5017 ATT 1- \$6					
Payment: Make chec	k payable to Wri	ght State Uni	iversity, or provide Discover [®] , Visa [®]	or MasterCard® credit ca	rd information below
Student University ID:			Student Daytim	e Phone:	
Sum to be charged: \$		_			
Cardholder Name (as it appears on the card)			Credit C	Card Number	
Cardholder Billing Addre	ess (Number/Stre	et, City, Stat	e and Zip Code required)		
Coul Evaluation (BARANO)	000		X		
Card Expiration (MM/YY	ii) Cvv# (bac	k of card)	Authorized Cardholder Signatur	e Date	5

and services.

I hereby agree to pay the sum set forth above to the bank which issued your card in accordance with the terms of the credit card for the purchase of goods

Effective 8/31/2015

SECTION 3: DEPARTMENT PLA EVALUATION								
Date Portfolio Submitted Date PLA Exam Taken								
V (atudant will be notified of regulta within 45 days)								
X (student will be notified of results within 45 days) Signature of Evaluator/Instructor								
SECTION 4: DEPARTMENT DECISION AND SUBMISSION TO REGISTRAR								
☐ PLA by Portfolio Assessment								
□ PLA by Exam								
Course Number	Course Title	Department						
Course Number	Course Title	Department						
Course Number	Course Title	Department						
Course Number	Course Title		Department					
	Award "Pass Credit"?	X						
PLA Award Date								
This section is completed within 45 days of taking the exam or submitting the portfolio. Send to the Office of								
the Registrar, 248 Medical Sciences (248MS).								
SECTION 5: REGISTRAR TRANSCRIPTION								
	_ X_							
Date Pass Credit by Signature of Registrar Staff PLA is Transcribed								
SPECIAL NOTES								

DO NOT WRITE BELOW THIS LINE