GARDNER-WEBB UNIVERSITY

GOAL Program

Application for Prior Learning Assessment

Date: _____

I wish to apply for the Prior Learning Assessment Program. I understand that, in order to be granted university credit toward graduation, I must submit documentation of previous learning experiences which are judged equivalent to the learning outcomes expected of students who are enrolled in the course(s) I have listed in this document.

I understand that a subject matter expert will fairly evaluate the materials that I submit, but that there is no guarantee that credit toward graduation will be granted. I understand that the fees I pay for this process are for evaluation and transcription, not for credit hours.

I understand that if credit for prior learning is granted toward graduation requirements at Gardner-Webb University that credit may not be acceptable for transfer to other institutions of higher education.

I understand that if credit is granted as a result of Prior Learning Assessment it will not be listed as a letter grade on my transcript and that it will not improve my grade point average for purposes of graduation with honors.

_____
Signature

Student Name: _____
(Last) (First) (Middle)

GWU ID Number: _____ Social Security Number: _____

Mailing Address: _____(Street)

_____ (City) _____ (State)_____ (Zip)

Telephone: _____ (Residence) _____ (Work)

Today's Date: _____ Anticipated Graduation Date: _____
Month/Year

Major: _____ Advisor: _____

Total Number of Credit Hours Requested: _____

Corresponding Course Numbers and Titles (from University Catalog): _____

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