



Exemption, Articulated, or PLA Credit

Student's Name: _____

ID#: _____ Major: _____

Exemption Credit Articulated Credit Prior Learning Assessment (PLA)

Course Name: _____ Course Number: _____ Credit Hours: _____

Course Name: _____ Course Number: _____ Credit Hours: _____

Course Name: _____ Course Number: _____ Credit Hours: _____

RESULTS

Course Name: _____ Test Grade: _____ OR PLA Credit

Course Name: _____ Test Grade: _____ OR PLA Credit

Course Name: _____ Test Grade: _____ OR PLA Credit

Examiner Signature

Date

*Please return to Registrar's Office

Paid \$ _____

*If a student meets criteria for articulated credit, there is no exemption fee.

*Please refer to the SRTC Student Handbook for Exemption, Articulated, or PLA Credit guidelines.

Registrar's Signature

Date