

PROFICIENCY CREDIT PAYMENT FORM

Fee: \$35.00 per course

Student Name: _____

A#: _____

Street Address: _____

Curriculum/Program: _____

City, State, Zip: _____

Course Name: _____

Phone: _____

Email Address: _____

Step 1: _____

Department Chair or Designee Signature

Date

Step 2: _____

Student Financial Services Signature or presentation of online payment receipt

Date

Select Your Credit for Prior Learning Pathway

Proficiency Exam

Bring signed form to Testing Center in Student Services Building, room 104 to schedule test.

Date of Test: _____

Time of Test: _____

Location of Test: _____

TC Staff Initial

Proficiency Credit by Faculty

ePortfolio Prior Learning Assessment

For assistance in preparing this request, please contact: Carl Norris, Prior Learning Assessment Coordinator:
845-431-8998 carl.norris@sunydutchess.edu