BAKERSFIELD COLLEGE

CREDIT FOR PRIOR LEARNING
PORTFOLIO COVER SHEET

Student Name

Student ID Number

Degree/Award sought (e.g. AAS, Certificate, Diploma)

Term Initiated

Student Email Address

Daytime Phone

Student Address

City

State

Zip Code

FOR OFFICE USE ONLY

COURSE CREDIT SOUGHT:

Program or Department

Faculty Evaluator:

Course Number:

Course Name:

Credit Hours:

☐ Course Credit Recommended

☐ Elective Credit Recommended

☐ No Credit Recommended

1. Disc. Faculty Expert: ___________________________ Date: ________

2. Department Chair: ____________________________ Date: ________

3. Dean: _______________________________ Date: ________

4. Articulation Officer: __________________________ Date: ________

5. A&R Director: ____________________________ Date: ________

FOR QUESTIONS REGARDING CPL:
Credit for Prior Learning Coordinator
CPL@bakersfieldcollege.edu