

ALVIN COMMUNITY COLLEGE Application for Prior Learning Assessment ACE-MILITARY CREDIT

| Student Name First | MI | | Last | ACC ID# | |
|--|---|---|---|--|--|
| Submit Joint Services Transcript to | CC for Heroes | for Evaluation | | | |
| Part 1. Visit with ACC Department Chair to discussion PLA options. Attach ACC unofficial transcript from WebACCess. | | | | | |
| ACC Course Prefix | ACC Course # Sem. Hours Notes (I | | Notes (Indicate Brai | Indicate Branch of Service) | |
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| PLA credit may be awarded when Military documentation. PLA credit will only be awarded as PLA is noted with a grade of "S" for | the student has s it applies to a or the semester | as successfully current ACC p r hour value ar | ollege and Career Pathways Office (A22 completed the ACC Admissions process program of study. Indicate the institution's going the season of | s, and has submitted supporting grade point average (GPA) | |
| 5. Award of prior learning assessment at ACC does not guarantee transfer of such credit to other colleges and universities. | | | | | |
| I understand I am responsible for de | termining tran | sferability of the | his credit by contacting the institution(s | s) to which I plan to transfer. | |
| Student Signature and Date CCP Official Signature and Date | | | | | |
| CCP Recommendation: Review App | roved 🗌 Revi | iew Denied | | | |
| Attach documentation of fa Attach copies of AARTS and Attach Military DD214 indic Graduation from a Honorable dischar | aculty qualificat I/or SMART transtating: an accredited page with a mining quivalency of c | tion to teach at nscript. public or private mum two years lock hours to A | s to Department Chair (checklist per SACS of appropriate degree level (if applicable e high school or a school operated by the sof service in the armed forces or was a CACC credit hours. (i.e. 15 clock hours = 1 ACC) and meet criteria for award of credit | e). ne US Department of Defense; discharged because of a disability. | |
| Signatures below indicate verification to | at credentials, e | viderice presenti | ed meet criteria ior award of credit. | | |
| Department Chair Signature and Date | | | Dean Signature and Date | | |
| Department Chair: Approved | Denied | | Dean: Approved Denied | | |
| CCP Document Review: Complete | · | _ (Initials) | | | |
| Vice President of Instruction: Approved Denied | | | | | |
| _ | | | VPI Signature and Date | | |
| VPI Comments (if applicable): | | | | | |
| | | | | | |
| | | | | | |
| Registrar's Office: | | | | | |
| Posted by: | Date: | | Student informed via email on: | | |