

**PUEBLO COMMUNITY COLLEGE
CREDIT BY PORTFOLIO**

At least one credit hour must be successfully completed before any Credit for Prior Learning (CPL) credit is awarded.

Fees for Credit by Portfolio are:

- \$25.00 Application Fee to be paid at cashier's office prior to submitting the Portfolio to Department Chair.
- \$45.00 PER CREDIT fee to be paid at cashier's office prior to credit being posted on official records. The Records Office at the Pueblo Campus will inform the student credits have been accepted and the amount of the total fee.
- A student may use CPL to fulfill degree/certificate graduation requirements except for the mandatory 25% residency requirement.

PART A – (to be completed by Department Chair)

I have found the Portfolio of _____, does
(STUDENTS NAME) (ID)

meet the departmental requirements as set forth in the program. Specific credit hours are designated below.

Dept Prefix and Course No.	Course Title	Credit Hours

PART B – (Required Signatures)

Department Chair _____
(NAME) (DATE)

Dean _____
(NAME) (DATE)

SUBMIT WITH CREDIT BY PORTFOLIO APPLICATION AND EXPERIENCE VERIFICATION FORM TO THE RECORDS OFFICE AT THE PUEBLO CAMPUS FOR FINAL PROCESSING.

STUDENT PAID \$25 APPLICATION FEE _____ STUDENT NOTIFIED OF CREDITS ACCEPTED AND FEE _____
 STUDENT PAID \$45 PER CREDIT HOUR FEE _____ CREDITS POSTED _____ INITIALS/DATE _____

PUEBLO COMMUNITY COLLEGE
CREDIT BY PORTFOLIO - EXPERIENCE VERIFICATION FORM

Student Applicant: Successful paid experience in a specific skill area of study must be verified prior to granting of credit. All experience must be after the age of sixteen.

IF YOU ARE VERIFYING SELF-EMPLOYMENT, THIS FORM MUST BE NOTARIZED.

TO BE COMPLETED BY STUDENT

I, _____, _____
(STUDENT NAME) (ID)

_____ have made application for
(STUDENT ADDRESS)

substitution of work experience for college credit toward my _____.
(NAME OF MAJOR)

I authorize my former and/or current employer(s) to furnish Pueblo Community College with the information requested below.

(STUDENT SIGNATURE) (DATE)

TO BE COMPLETED BY EMPLOYER

1. The above named person was employed by this organization from ____ - ____ - ____ to ____ - ____ - ____.

Full Time _____ Part-Time _____ Total Hours Worked: _____

2. Student was employed as

(POSITION OR TITLE)

3. Description of job duties (attach additional sheets as need)

4. Do you consider the applicant to be skilled, competent, and a successful worker in his/her field?

_____ YES _____ NO COMMENTS: _____

(EMPLOYER NAME, ADDRESS, CITY, STATE, ZIP)

(EMPLOYER REPRESENTATIVE SIGNATURE) (DATE)