BAKERSFIELD COLLEGE

CREDIT FOR PRIOR LEARNING
PORTFOLIO COVER SHEET

_____

Student Name

_____

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

_____

Student Email Address

_____

Student ID Number

_____

Term Initiated

_____

 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   ☐ No Credit Recommended
☐ **Elective Credit Recommended**

1. Disc. Faculty Expert: _____ Date: _____   4. Artitulation Officer: _____ Date: _____
2. Department Chair: _____ Date: _____   5. A&R Director: _____ Date: _____
3. Dean: _____ Date: _____

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