

Prior Learning Course Application – IPL 305/501

For IPL Office Use

1. The **student** should complete this form AFTER speaking to his/her academic advisor.
2. Once completed, the student should obtain **departmental approval** on page 2.
3. **Submit** the completed form to IPL in Brookens 482 or ipl@uis.edu; upon approval, the student will receive an email regarding course approval to register for the prior learning course, IPL 305 or IPL 501 (graduate credit).

DATE RECEIVED:

COURSE: IPL 305/501

CRN:

APPROVAL:

Course Registration for (Semester/Year): Spring 20____ Summer 20____ Fall 20____

STUDENT INFORMATION

Student Name: _____ University ID Number: _____

Phone: _____ UIS Email Address: _____

Academic Program/Major: _____ Academic Advisor: _____

Hours completed at UIS: _____ Total hours completed: _____

Are you a graduate student? Yes No Expected Graduation Date: _____

How did you hear about the prior learning course/program? _____

Undergraduate students should enroll in 3 credits of IPL 305. If you are seeking more than 3 credits, consult with an IPL Coordinator to determine the number of credits you may earn.

Graduate students should enroll in 4 credits of IPL 501.

How will you use this credit? (Consult with your advisor if needed.)

ECCE Engagement or ECCE Elective? Number of Credits _____

General Electives? Number of Credits _____

Other? _____ Number of Credits _____

Is this your first prior learning portfolio*? Yes No

*If this is not your first portfolio, speak to an IPL Coordinator regarding the process for earning additional portfolio credit.

1. Describe, in detail, the proposed prior learning experience you wish to receive credit for (e.g., professional training; certification; volunteer work; military service; individual research; independent study; travel).

2. Briefly explain how you believe what you learned in this experience can be applied to situations outside of the setting in which you learned it.

UIS DEPARTMENT/ADVISOR APPROVAL

The student must seek approval from a faculty member, academic advisor, or department chair in his/her department.

DEPARTMENT SIGNATURE

I agree that this student should complete the prior learning course for his/her degree progress.

Printed Name: _____ **Signature:** _____ **Date:** _____

STUDENT VERIFICATION

I verify that I have not received credit nor attempted to receive credit from the University of Illinois Springfield or any other higher education institution on the basis of the work I will prepare for this portfolio.

Student Signature: _____ **Date:** _____