

**Petition to Participate in Experiential Learning Program**  
**Earn Credits, Gain Skills, Demonstrate Civic Responsibility, Make a Difference**

Name \_\_\_\_\_ Phone(\_\_\_\_) \_\_\_\_\_ C / H / W

Student Tech ID (if unknown, SSN) \_\_\_\_\_

Student Email \_\_\_\_\_

Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

**Credit for Prior Learning Options:**

- |  |   |
|--|---|
| <input type="radio"/> Advance Placement Exam <b>(AP)</b>   | <input type="radio"/> College Level Examination Program <b>(CLEP)</b> |
| <input type="radio"/> Course Specific Examinations for Course Credit                               | <input type="radio"/> Articulated Credit Program                      |
| <input type="radio"/> Prerequisite Test out  | <input type="radio"/> International Baccalaureate <b>(IB)</b>         |
| <input type="radio"/> Military Training  |   |
| <input type="radio"/> Defense Activity for Non-Traditional Education Support <b>(DANTES/DSST)</b>  |   |
| <input type="radio"/> Credit for Prior Learning <b>(ICBE 1101 Individualized Educational Plan)</b> |   |

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\* \* \* \* \*

Comments or recommendations by CPL staff \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CPL Staff Signature \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*\*\*College Use Only\*\*\*\*\*

Petition Result:     Approved         Denied         Denied – insufficient documentation

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Copy to:  Student     College File     Records     Other \_\_\_\_\_

