

**Polk State College**  
**Cashier's Office**  
**Fee for Prior Learning Assessment Credit Form**

---

**Student:** Please take this form with your payment to the Polk State College Cashier's office, and include a copy of the receipt in your PLA when submitted for evaluation toward credit.

**Cashier's office code: GL 191300000040902**

---

**STUDENT INFORMATION**

**Student Name:** \_\_\_\_\_

**Student Polk State College ID:** \_\_\_\_\_

**Student Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**COURSE INFORMATION**

Students may pursue PLA credit for up to 25% of their total program credit hours.

**Course Title:** \_\_\_\_\_

**Course Number:** \_\_\_\_\_ **Credits:** \_\_\_\_\_

**Course Title:** \_\_\_\_\_

**Course Number:** \_\_\_\_\_ **Credits:** \_\_\_\_\_

**Course Title:** \_\_\_\_\_

**Course Number:** \_\_\_\_\_ **Credits:** \_\_\_\_\_

**Fees:** \$50/Credit Hour (e.g., one 3 credit hour course = \$150)

**# of courses/portfolios:** \_\_\_\_\_

**Total # of credit hours:** \_\_\_\_\_

**Total Amount Due:** \_\_\_\_\_

---

**PAYMENT**

**Amount:** \_\_\_\_\_ **Form of Payment:** \_\_\_\_\_

**Received by:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature/Cashier's Office Representative**