



POLK STATE COLLEGE

PRIOR LEARNING ASSESSMENT

PORTFOLIO COVER SHEET

Student Name

Student ID Number

Program

Term SLS 2371 Completed

Student Email

Student Phone

Student Address

City

State

Zip

COURSE CREDIT SOUGHT:

Program or Department		Program Director / Department Coordinator:
Course Number:	Course Name:	Credit Hours:

Portfolio Fee Amount Paid: _____

**The assessment fee must be paid prior to assessment of portfolio and any credit award.
(Include copy of receipt.)**

FOR QUESTIONS REGARDING PLA:
Matina Wagner, Internship/PLA Coordinator
mwagner@polk.edu / 863.298.6897