

PST SUMMARY OF PRIOR LEARNING CREDIT

Student Name: _____

Program: _____

Date: _____

Assessed Professional Schools and Training Credit	Credit Hours
---	--------------

Program Director: _____ **TOTAL** _____

Dean of AGS: _____

Date credit was sent to the Registrar: _____

Hours submitted: _____

For Office Use:

- | | |
|---|--|
| 1. HR (Preliminary Action)
-- Faculty Paid _____ | 3. Registrar (Final Processing)
-- Credit in CARS _____
-- Academic Prof. _____ |
| 2. Billing
-- Statement Sent _____
-- Payment Rec'd. _____ | |