



OFFICE OF ADULT LEARNER SERVICES
UNIVERSITY OF SOUTH ALABAMA

Application for Prior Learning Assessment by Portfolio (PLA-P)

Student Information

Student Name _____ Student Number J00 _____
First Name Middle Initial Last Name

Street Address _____

City _____ State _____ Zip Code _____

Phone _____

University Email Address _____

Major(s)/Concentration(s) _____ Minor(s) _____

Anticipated graduation term _____
Semester Year

Course(s) for which PLA-P credit is being sought:

Subject	Course #	Title	Credit Hours

Student's signature

Date

PLA Coordinator's signature

Date

Advisor's signature

Date

Department Chair's signature

Date
