



**COLLEGE of  
CENTRAL  
FLORIDA**  
*-an equal opportunity college-*

**CREDIT BY DEPARTMENTAL EXAM/RECOGNITION  
OF PRIOR LEARNING/TRAINING REGISTRATION**

**This section to be completed by student.**

**CF ID No.:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_ **Date:** MM/DD/YY \_\_\_\_\_

**Legal Name:** \_\_\_\_\_  
Last First Middle (complete) Jr., etc.

**Mailing Address:** \_\_\_\_\_  
Street/PO Box City State Zip Code

**Institution(s) where course work was completed:** \_\_\_\_\_

**This section to be completed by program facilitator or faculty member.**

List each course to be assessed and the method of assessment (Credit by Departmental Exam, Experiential Learning or Technical Program) and fee.

| Course Prefix and Number | Course Title | Credit Hours | Method of Assessment |    | Grade | Fee |
|--------------------------|--------------|--------------|----------------------|----|-------|-----|
|                          |              |              | CDE                  | EL |       |     |
|                          |              |              |                      |    |       |     |
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|                          |              |              |                      |    |       |     |
|                          |              |              |                      |    |       |     |

**Total Fees Charged:** \_\_\_\_\_

Program Facilitator/Faculty Signature: \_\_\_\_\_ Date: MM/DD/YY \_\_\_\_\_

Assistant Vice President Signature: \_\_\_\_\_ Date: MM/DD/YY \_\_\_\_\_

|   |                                 |
|---|---------------------------------|
| Cashiers Office Authorized Signature: _____ | Fees Paid: _____<br>Date: _____ |
|---|---------------------------------|