



**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		

**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: _____ Date: _____
---	---------------------------------