



Division of Continuing Education and Workforce Development Approval for Awarding Credits for Prior Learning

To be completed by student:

Student Name:	Bergen ID Number:
Certificate Program:	Term Effective:
Student Signature:	Date:

Course Name	Course Code	License / Certificate Date	License / Certificate Issued By	Credits/Hours Awarded

Comments/Prior Experience to be considered:

To be completed by College Official:

Approved By:

Name:

Title:

Date:

Comments:

Check box once PLA entered into Colleague/Salesforce student record.

Date:

Name: