



# Credit for Prior Learning

Return to: Registrar's Office  
 Bldg. 3 Rm. 353  
 assistant.registrar@cei.edu  
 208-535-5673

Student may submit this petition requesting to be granted CEI course credit from prior learning experience.

### Student Information

Date \_\_\_\_\_ Student ID \_\_\_\_\_  
 Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Preferred Email \_\_\_\_\_

### Petition Information

CPL Experience \_\_\_\_\_ CPL Hours Completed \_\_\_\_\_  
 Desired CEI Course Equivalency \_\_\_\_\_

Student must **supply documentation and a written statement** that represents adequate work/certification/volunteer experience that fulfills their desired course requirement. If documentation and statement is not provided, the request will not be reviewed.

*By checking this box & submitting this form, I consent to providing my typed electronic signature in place of a handwritten signature.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

Office Use Only

**Program Manager**  
 Petition is:  Approved  Denied  
 Comment \_\_\_\_\_  
 Signature \_\_\_\_\_ Date \_\_\_\_\_

**Department Chair**  
 Petition is:  Approved  Denied  
 Comment \_\_\_\_\_  
 Signature \_\_\_\_\_ Date \_\_\_\_\_

**Dean of CTE/GEN ED/HHS**  
 Petition is:  Approved  Denied  
 Comment \_\_\_\_\_  
 Signature \_\_\_\_\_ Date \_\_\_\_\_

**Registrar**  
 Petition is:  Approved  Denied  
 Comment \_\_\_\_\_  
 Signature \_\_\_\_\_ Date \_\_\_\_\_