

Complete and return this form to:
Office of the Registrar
Email: transfercredit@laboure.edu

Date	Student ID#	Student Name
Program	Phone	Student Email

Requirements

Please review Credit for Prior Learning (CPL) policy located online in the [Labouré College of Healthcare Catalog](#) prior to submitting this form. CPL is available in select programs for select courses. To earn CPL credit, students must complete this form and provide evidence to demonstrate they have acquired the knowledge that satisfies specific learning outcomes in eligible courses.

Limitations of CPL Credit

- Students may not earn CPL credit for a course they have failed at Labouré. They must retake the course if it is required in their program of study.
- Students may not earn CPL credit for a course they have previously earned academic or transfer credit for at Labouré.
- CPL credit may not be transferable to another college.
- Labouré College of Healthcare cannot evaluate subject areas for which it does not offer corresponding courses.
- No CPL applications are accepted during a student's last semester of study.
- CPL credits are counted as a form of transfer credit. As such, there are limitations to the number of CPL credits students can earn. All students must meet the residency requirement for their specific program of study, i.e., degree students must complete a minimum of 30 credits at Labouré as part of their graduation requirement.

ADMINISTRATION

Type of CPL	Course Code/Title/Exam	Semester/Year taken	Final Grade/Score	Total Credits	Equivalent Course at LCH	Approved Y/N

Student Signature

By signing, I acknowledge that I have read the Credit for Prior Learning (CPL) Policy located in the [Labouré College of Healthcare Catalog](#) and filled this form in totality. I understand that I am requesting a CPL review for the course(s) I have listed above. I understand that this request must be approved by the Program Dean or Assistant Vice President of Academic Affairs.

- I have attached evidence to demonstrate my CPL to this request (can be attached via email to transfercredit@laboure.edu).
- I have contacted Student Accounts (studentaccounts@laboure.edu) and paid the Credit for Prior Learning – Evaluation and Credit Fee: \$50.00 per credit.

Student Additional Comments:

Student Signature: _____ Date: _____

Registrar, Program Dean, or AVPAA Approval

- I have indicated approval in the Administrative section above.

Additional Comments:

Reviewed by: _____ Date: _____

Registrar Use Only		
Fee Paid: _____	Processed by _____	Date: _____