

Prior Learning Assessment program

Application

This information serves as a general introduction of you to us. It will also help us to evaluate and improve the program as we learn more about the people who take advantage of it. Your suggestions and comments are encouraged.

PLEASE PRINT:

DATE: _____

NAME: _____ SOCIAL SECURITY # _____

ADDRESS: _____ HOME PHONE # () _____ - _____

CITY: _____ STATE: _____ WORK PHONE # () _____ - _____

ZIP CODE: _____

ARE YOU ENROLLED AT BHCC AS A:

___ FULL -TIME STUDENT ___ PART-TIME STUDENT ___ EVENING STUDENT

FIRST SEMESTER ENROLLED _____

ARE YOU ENROLLED IN A DEGREE/CERTIFICATE PROGRAM? **WHICH ONE?**

WHAT ARE YOUR LONG-RANGE GOALS? (HOW DO YOU EXPECT TO USE YOUR PROGRAM OF STUDY?)

SEX: _____ MALE _____ FEMALE _____ DATE OF BIRTH: _____

PROGRAM RELATED INFORMATION:

LIST COURSES IN WHICH YOU ARE CURRENTLY ENROLLED AT BHCC

LIST COURSES WHICH YOU HAVE COMPLETED AT BHCC:

_____	_____
_____	_____
_____	_____

LIST ANY COURSES WHICH YOU HAVE COMPLETED FOR CREDIT AT ANY OTHER POST-SECONDARY INSTITUTION:

_____	_____
_____	_____
_____	_____

IS THERE ANY OTHER RELEVANT INFORMATION YOU WOULD LIKE TO PROVIDE
