

TRAINING EVALUATION REQUEST
 OLD DOMINION UNIVERSITY
 Prior Learning Assessment
 1105 Student Success Center, Norfolk, VA 23529
 Phone: 757-683-6554

Name: _____ UIN: _____ Date: _____

Address: _____

City/State/Zip: _____ Telephone: _____

Email: _____ Advisor: _____ Due Date: _____

Billing Amount: _____ SEMESTER YOU DESIRE CREDIT: Fall Spring Summer ____ Year

DOCUMENTATION REQUIRED

Adequate evidence of college-level learning must be submitted. You are responsible for providing the information which will clearly illustrate the nature and content of the experience. Training must be at least 35 hours to be equivalent to a three-credit course. All supporting documentation must be clearly labeled and packaged for ease of reading and review by the faculty evaluator.

Title of training: _____ Training provider (organization): _____

Date(s) of attendance: _____ Contact hours of Training: _____

PLEASE ATTACH THE FOLLOWING:

- | | | |
|---|---|--|
| 1. Brief statement of how this learning fits into your degree program | 4. Proof of training completion: certificates, SMART, AARTS, DD 295 or 214, human resources record with signature | 6. Evaluation methods: exam, presentation, workplace project, case study, etc. |
| 2. ODU course equivalent | 5. Training objectives | 7. Copy of your transcript (unofficial) from Leo Online |
| 3. Work resume | | |

ENTER SUBJECT, COURSE NUMBER AND TITLE

CREDIT HOURS

STUDENT RESPONSIBILITY STATEMENT

1. **General Responsibility:** I understand that it is my responsibility to ensure that the credits I earn through a training evaluation are applicable to my degree program.

2. **Financial Responsibility:** I understand that tuition charges for a training evaluation through Prior Learning are subject to the University's tuition policy and that the fee is non-refundable and not subject to financial appeal. Billing is done after submission of this form to the Prior Learning Assessment Office. There is a 10% late payment penalty fee after 30 days. There is a 33.33% late payment penalty after 60 days.

Signature: _____ **Date:** _____

OFFICE OF PRIOR LEARNING USE ONLY	
Date Received:	Billing Date:
Faculty Assessor:	Assessor Pay Amount:
Payroll Processing Date:	Assessor Pay Date:
Challenge Outcome Received:	Credit Outcome:
Registrar Notification Date:	In Prior Learning Fiscal Year:
Database Key Date:	Signed:

