

**PRIOR LEARNING PORTFOLIO CREDIT RECOMMENDATION
EASTERN ILLINOIS UNIVERSITY**

School of Continuing Education
Eastern Illinois University, 600 Lincoln Avenue
Charleston, IL 61920-3099, (217)581-5618

Student Name

Enumber

Department/Course Number

Title

I have evaluated the submitted PLP materials and recommend:

_____ full credit for _____ semester hours

_____ partial course credit for _____ semester hours

_____ other credit for _____ semester hours at the _____ Fresh _____ Soph _____ Jr _____ Sr Level

and should be entitled _____

_____ no credit

The justification/reason why this credit was awarded or denied is:

Signature of Faculty Member

Date

I recommend the awarding of _____ semester hours of credit.

Signature of the Program Dean/Director

Date

Signature of Provost & Academic Vice President

Date