FOCUS COLLEGE

Prior Learning Assessment and Recognition Report

Student Name: Student Number#:

Program Name:

Prior University/College/Organization	Prior Course Name	Credit	Hours	Grades

Focus College Course Name	Credit	Hours	Grades
Total credits and hours:			
Administrative Section:			
Program hours minus transferred / earned hours: = Hours to complete			
Hours X $=			
Outstanding Tuition= $ - =$ – Paid=$ = Tuition Due = $			

Curriculum Coordinator: _____ Date: _____

Admissions Rep/Designate: _____ Date: _____

Student: _____ Date: _____

Designated Learning Institution Number 019330446102