



WEST DAVENPORT CENTER

EASTERN IOWA COMMUNITY COLLEGES

Credit for Prior Learning Application Form

Complete this form and return to the Adult Education Office at the address below.

Name _____ Phone _____
Address _____ Student ID _____
City/State/Zip _____
Program of Study _____

Briefly explain why you are seeking CPL credit:

List the course(s) for which you wish to apply for credit.

Please indicate some days or times that would be preferable for a meeting to discuss the CPL process. This meeting may be face-to-face or via videoconference, depending upon your availability.

Signed _____ **Date** _____
(Student)

Approval _____ **Date** _____
(Dean of Adult Education)

*** Students must be enrolled with EICC prior to receiving CPL credit.**

Return completed form to: Dean of Adult Education, 2950 N Fairmount St, Davenport, IA 52804
Or email to: sjschneider@eicc.edu