

Prior Learning Assessment Initial Request



Prior Learning Assessment
pla.highline.edu

Name _____
(last) (first) (middle initial)

Phone _____ Email _____

Program/Major _____ Degree Certificate

return completed form to
Building 18 Room 211
or mail to
PO Box 98000 MS 18-01
Des Moines, WA 98198

Courses I would like to earn PLA credit for:

Course: _____
(indicate course department & number, ex: "BTECH 103")

Summarize how your past experience/education meets
the learning outcomes for this course:

*Need help looking up classes
to get PLA credits for?*

Use these online resources!

Course Descriptions:
catalog.highline.edu

Course Adoption Forms:
caf.highline.edu

Programs & Courses:
highline.edu/what-we-offer/
programs-a-z

(continue to next page for additional courses)



Prior Learning Assessment Initial Request
return completed form to
Building 18 Room 211

Prior Learning Assessment
pla.highline.edu

Courses I would like to earn PLA credit for:

Course: _____

(indicate course department & number, ex: "BTECH 103")

Summarize how your past experience/education meets
the learning outcomes for this course:

Course: _____

(indicate course department & number, ex: "BTECH 103")

Summarize how your past experience/education meets
the learning outcomes for this course:

(attach more pages if needed)