



**PRIOR LEARNING ASSESSMENT (PLA) PROPOSAL FORM**

**Instructions:** This form is used to propose changes to the [Prior Learning Assessment \(PLA\) Matrix](#). (See [Delgado Prior Learning Assessment](#).) Complete all fields applicable to your recommended change/addition to the Matrix. Email completed form with Initiator and Division Dean's signatures to [rguast@dcc.edu](mailto:rguast@dcc.edu), Rosaria Guastella, Director, Office of Curriculum and Program Development.

Academic Division/ Department	Course Prefix & Number	Course Name	Brief Description of Proposed Change	CLEP Mark "Yes"	IBC Indicate minimum version/year.	AP Mark "Yes"	Credit Exam Mark "Yes"	LEAP Mark "Yes"	DSST Indicate Equivalent

**Rationale Statement for Recommended Change(s):**

**Form Initiated By:** Name/Title : \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Division Dean: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Office Use Only:** Deans' Council \_\_\_\_\_ (date)  
 Academic and Student Affairs Council \_\_\_\_\_ (date)  
 Vice Chancellor for Academic & Student Affairs Approval: \_\_\_\_\_ (signature) \_\_\_\_\_ (date)  
 Added to Matrix - Curriculum & Program Development Office \_\_\_\_\_ (date)  
 Submitted to Policy Office for Publication: \_\_\_\_\_ (date)