## **LEARNING OUTCOMES ASSESSMENT FORM**



I request that  (Please list the employment or experience that is to be evaluated.)			
be considered for Advanced Standing for			
Course #	Course name		
Instructor	Instructor email		
Department	Dept. Chair		
Student Name	SID #		
Student Email	Phone		
Student to complete the following based on course outline system:			
Course learning outcomes	How was learning outcome met? Describe activity or training	Approximate hours	Start/end dates
	<u> </u>		

<sup>\*</sup>Form must be attached to Petition for Non-Traditional Credit