

# Western Technical College

## Challenge & Credit for Prior Work Experience

**Failure to completely fill out this form may result in credits not being awarded.**  
**\*\*Top portion to be filled out by student\*\***

\_\_\_\_\_  
Last Name (please print)      First      Initial      Student ID      DOB

\_\_\_\_\_  
Current Address      City      Zip      Telephone Number      Email

\_\_\_\_\_  
Program      Program Advisor      Date

Examination Fee (\$50 for a 1-2credit class / \$100 for a 3-6 credit class) paid at Cashier's Office.

Course Title: \_\_\_\_\_ Course #: \_\_\_\_\_ **Please attach receipt!**  
Number of Credits: \_\_\_\_\_

Are you currently enrolled in this course? No       Yes       (if YES... PS Class #: \_\_\_\_\_)

**If yes, upon successful completion, do you want the Registrar's Office to withdraw you from the class? (Refunds are given in accordance to the State Uniform Fee Refund Policy)**  
    \_\_\_ Yes      \_\_\_ No

\_\_\_\_\_  
Signature      Date

*Below this line is for Office Use Only! Thank You!*

The above student has been:      \_\_\_ Successful      \_\_\_ Unsuccessful

**Based on:**

\_\_\_\_\_ Written Oral Communication

\_\_\_\_\_ Performance Examination

\_\_\_\_\_ Work Experience

\_\_\_\_\_ Other (please describe)

**Notes:**

Administered by \_\_\_\_\_ Date \_\_\_\_\_  
(Signature Required)

Approved by \_\_\_\_\_ Date \_\_\_\_\_  
(Signature Require)