

Metropolitan State University
Prior Competence Evaluation Proposal

Office use only

Subcode # _____

Title _____

Date Processed ____/____/____

Students are required to complete this form and have it approved and signed by a resident faculty member in the appropriate department before they register for priors. At the time of registration, this form must be attached to the registration form. If you have any procedural questions, call your college advising center or your advisor.

Student Name _____ **SSN** ____/____/____ **Date** ____/____/____

Address _____

City _____ **State** _____ **Zip** _____

Student Phone Number (H) _____ **(W)** _____

Advisor Name _____

Dept. Name _____ **Subject Area** _____

Level: (select one) lower division / upper division **Number of Credits** _____

Appropriate Department Signature _____
(Not evaluator's signature. Signature indicates approval to register.)

Acct # _____ **Printed Name** _____

Title of Competence _____

Competence Statement (Note: You do not need to include everything a student knows in the competence statement. You can give a fuller evaluation on the LE).

Date to be completed by: ____/____/____

I. Evaluator Information (Refer to the evaluator list in the current class schedule)

Name: _____

Check one: Resident Faculty ____ Community Faculty _____

If you are not a Metro State resident or community faculty member and wish to receive payment you **must** become a Metro State employee. If you wish to become an employee, please provide us with the following information and attach a resume or call Metro State's Human Resource office at 651 – 772 – 7701 to give information.

Address _____

Phone (H) _____ (W) _____

City _____ State _____ Zip _____

____ I wish to waive payment.

Signature _____

II. Previously Transcribed Credit

Please list all previously transcribed credits in the field, giving the full names of courses or titles of CBEs (Competence Based Evaluations).

Title _____

Number of Credits _____

Title _____

Number of Credits _____

Title _____

Number of Credits _____

III. Experience and Learning Outcomes

In about 250 words, describe where and how you earned the competence. Address as appropriate: employment/volunteer experience (include dates, level of responsibility). You may add a typewritten sheet if you wish to do so.

IV. Resource Materials

A. Seminars/Conference/Workshops

Title _____ Presenter _____ Length _____

Title _____ Presenter _____ Length _____

Title _____ Presenter _____ Length _____

B. Books

Title _____ Author _____

Title _____ Author _____

Title _____ Author _____

C. Journals/Magazines

Title _____ Author _____

Title _____ Author _____

Title _____ Author _____

D. Films/Videos

Title _____

Title _____

E. Other

V. How will you be evaluated? (Check all that apply.)

- | | | | |
|--|---------------------------------------|---|--|
| <input type="checkbox"/> research paper | <input type="checkbox"/> simulation | <input type="checkbox"/> situational
observation | <input type="checkbox"/> journal |
| <input type="checkbox"/> oral exam | <input type="checkbox"/> written test | <input type="checkbox"/> project evaluation | <input type="checkbox"/> written exercises |
| <input type="checkbox"/> other (please describe) | | | |
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VI. For Department Faculty's Use Only

If not approved for registration, please provide rationale for not approving and suggest what, if anything, the student might do to revise the proposal. Return this form to the student's advisor.
