

Name of High School/Career Center _____

EX

Tech Prep? Yes _____ No _____

MVTPC? Yes _____ No _____

(If No, Out of Miami Valley Tech Prep Consortium District Payment Due = \$78.70 x # of Sinclair courses)

SINCLAIR COMMUNITY COLLEGE
Academic Advising Center- Prior Learning Credit Options
Project Lead the Way Proficiency Examination Evaluation Form

To be completed by student: SSN or SCC ID#: _____

NAME: _____
Last First M.

STREET ADDRESS: _____

CITY/STATE/ZIP: _____

TELEPHONE: _____
Home Work

PLTW Teacher or Teachers (list all)

<u>PLTW COURSE TITLE</u>	<u>SCC DEPT./ COURSE NO.</u>	<u>SCC COURSE TITLE</u>	<u>CR. HRS. AWARDED</u>	<u>COURSE GRADE</u>	<u>EXAM SCORE- A&C</u>

The student named above is entitled to the above Sinclair Community College course credit, having passed the PLTW course(s) and exam(s) as indicated by the School Administrator or PLTW Teacher according to Sinclair Community College guidelines.

(Print PLTW Administrator or Teacher name) *PLTW Administrator or Teacher signature* *Date*

PLEASE COMPLETE THE FORM AND RETURN IT TO PLTW ROOM 13-229

OFFICE USE ONLY – Date Filed _____
(PLTW Ohio Affiliate Representative signature) _____
cc: ACAIC, Registration, Sinclair PLTW Office, Chairperson