PRIOR LEARNING PORTFOLIO CREDIT RECOMMENDATION
EASTERN ILLINOIS UNIVERSITY

_____   _____
Student's Name   E Number

Course Number	Course description	Number of credits
_____	_____	_____
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_____   _____
Signature of Evaluator   Date

_____   _____
Signature of Program Dean/Director   Date

_____   _____
Signature of Provost & Academic Vice President   Date