GREAT FALLS COLLEGE

MONTANA STATE UNIVERSITY

Faculty PLA Tracking Form

PRIOR LEARNING ASSESSMENT TOWARDS

Course Number   *Course Name*

PROGRAM

Program Name

Student Name: Submission Date:

Time: hour(s)   minutes creating the projects.

hour(s)   minutes in correspondence with this student through e-mail and phone calls.

hour(s)   minutes reviewing completed projects.

Total time: hour(s)   minutes

Date Review Completed:

Submitted by:

Signature:

Printed Name:

Title: