

# KAUA'I COMMUNITY COLLEGE

## Request for PLA Credit for Non-Collegiate-Sponsored Education (NCSE)

Name: \_\_\_\_\_ UH Number \_\_\_\_\_  
                     Last                      First                      MI

Phone: \_\_\_\_\_ UH Email: \_\_\_\_\_ Major: \_\_\_\_\_

Name of the NCSE Program or Course:  
 \_\_\_\_\_

Sponsoring Organization Offering the Training: \_\_\_\_\_

Number of Hours: \_\_\_\_\_ Date NCSE Training Completed: \_\_\_\_\_

Certificate Awarded? (Yes/ No)      Instructor Name: \_\_\_\_\_

Proof of Completion Attached? (Yes/No)

What Kauai CC course(s) would you like credit for based on this NCSE?

Course Alpha & Number	Name of Course	Number of Credits

### Authorizations:

**Academic Advisor:** I have discussed NCSE with student and verify that the training described

☒ IS      ☐ IS NOT listed in the KCC NCSE list of approved training:

\_\_\_\_\_  
 Academic Advisor Signature

\_\_\_\_\_  
 Print Name

\_\_\_\_\_  
 Date

**Division Chair:** *Please check the option 1 or 2 below:*

- \_\_\_\_\_ 1. KCC NCSE list of approved training: I have reviewed this application and approve the awarding of NCSE credit as listed in the attached PLA Credit Award Form.
- \_\_\_\_\_ 2. Training not on the KCC NCSE list of approved training: I have discussed this request with the student and

☒ Agree      ☐ Disagree to authorize the PLA evaluation requested above.

If "agree," specify name of faculty reviewer: \_\_\_\_\_

If “disagree,” please explain here: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Division Chair Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date