



ECE Request for Prior Learning Credit

Blue Mountain Community College
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Pendleton, OR 97801
(541)278-5759 Service Center
(541)278-5871 Fax
www.bluecc.edu

To request Early Childhood Education (ECE) Prior Learning Credits at Blue Mountain Community College (BMCC), the student must initiate the process to request this option. The following criteria apply to this process:

- Student must be enrolled in BMCC courses during the term in which they are requesting these credits. NOTE: Students should **not** register for the course that they are requesting prior learning credits for.
- Payment for each course must be done prior to transcription of each course. The fee is \$10 per course.
- Students will receive a grade of "P" for each approved course.

Transcription of credit will not be done until all fees have been paid and all appropriate signatures have been obtained. Steps in the approval process are sequential and must be done in the order listed below. **NOTE: Request MUST be made and paid for in the same academic term as enrollment is verified and documentation is reviewed by the ECE Program Coordinator.**

Step 1: Student: Complete this step and provide appropriate documentation for prior learning.

BMCC Student ID: _____ - _____

Last Name: _____

First Name: _____

Home/Cell Phone: (_____) _____ - _____

Date of Birth: ____/____/____

Email Address: _____ @ _____

I request to earn prior learning credits for the following course (mark all that apply):

- ECE 226: Child Development (3 credits)
- ECE 152: Creativity for Young Children (3 credits)
- ECE 280: Cooperative Work Experience (4 credits)


I understand that the cost for these credits is \$10 per course. In addition, I understand that, once approved, payment must be made prior to transcription of each approved course.

Student Signature: _____

Date: ____/____/20____

Take completed form, along with appropriate documentation, to ECE Program Coordinator for review.

It is the policy of the Blue Mountain Community College Board of Education and School District that there will be no discrimination or harassment on the grounds of race, color, sex, marital status, religion, national origin, age or disability in any educational programs, activities or employment. Persons having questions about equal opportunity and nondiscrimination should contact the Executive Assistant to the President at 103 Pioneer Hall, Phone 541-278-5951 or TDD 541-278-2174.

Continued on back 

BMCC ID: _____ - _____ Student Last Name: _____ First Name: _____

Step 2: ECE Program Coordinator Review:

The Early Childhood Education Program Coordinator has received and evaluated your

- Child Development Associate Credential from the Council for Early Childhood Professional Recognition (copy attached) **OR** your
- Step 7 (or higher) certificate from the Oregon Registry: Pathways to Professional Recognition in Childhood Care and Education (copy attached)

BMCC can now transcript credits for the identified Early Childhood Education courses:

- ECE 226: Child Development (3 credits)
- ECE 152: Creativity for Young Children (3 credits)
- ECE 280: Cooperative Work Experience (4 credits)

The courses indicated above can be accepted toward the degree or certificate the student has have indicated in BMCC's records.

_____/_____/20_____
Signature: Early Childhood Education Coordinator Date

Attach documentation and forward to Vice President of Instruction for final review and approval.

Step 3: Review and Approval of Vice President of Instruction

The above recommendation for credits has been reviewed and:

- Approved
- Denied If denied, basis for denial: _____

_____/_____/20_____
Signature: Vice President of Instruction Date

Forward form and documentation to Service Center for processing

Step 4: Service Center: Verification of Enrollment & Fee Payment

Contact student and notify them of decision made. Verify current enrollment, record and apply payment made by student when received. Fee is \$10 per course.

Fee Amt Paid: \$ _____ Verification of Enrollment: _____

Service Center Signature: _____ Date: ____/____/20____

Please forward form to Records for transcription of credits.

Step 5: Records Office: Record Credits

Records Office: Date Received: ____/____/20____ Date Contacted OI to set up course: ____/____/20____

Course Setup By: _____ Date: ____/____/20____

Course registered in system and grade posted by: _____ Date: ____/____/20____
Staff Name (printed)

Date Student Notified: ____/____/20____ Contacted by: _____
Staff Name (printed)