How To Apply For Advanced Placement

Assessment committees may grant students "advanced placement" for work done elsewhere or outside formal courses. Students who wish to apply for advanced placement must present a portfolio to the assessment committee containing evidence of their work. (See form at the end of this document.) Generally, advanced placement is given only for competencies at the beginning level. Students are more likely to receive advanced placement for experiences or courses that are health related, rather than those of a more general nature.

The assessment committee will review the portfolio. Usually, the assessment committee will be able to approve the experience based on the submitted proposal. On those other occasions, the assessment committee may request that the student attend a meeting in order to clarify or discuss particular concerns that the committee may have.
Petition for Competency Certification for Advanced Placement

Student’s Name _____________________________________________

Box No., Phone _____________________________________________

Date Submitted _____________________________________________

Ability (ies) for which certification is desired _______________________

Level of competence (beg. int. or adv.) for which certification is desired __________

(Note: independent study competency credit is usually given for only the beginning level.)

Briefly describe the experience for which competency certification is desired. (Attach the independent study form in Appendix C or similar documentation if available for other experiences.)

Provide the committee with a portfolio of information that will help the members decide if competency credit should be awarded. For advanced placement, this could be outcomes from the experience or course (e.g., papers, grades, evaluations). For independent study, you could supplement the form with an elaboration of the methods of evaluation if that seems appropriate. Attach this portfolio with this form. Please send this form to the appropriate assessment committee chair listed in the handbook.

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Leave blank. To be completed by the assessment committee.

☐ Approved (Date ) for Level ☐ beginner ☐ intermediate ☐ advanced

☐ Disapproved (Date )

☐ Scheduled meeting with _____________________ for (date) _____________________

Comments: ________________________________

Signature ________________________________ Date: _____________________

Return the completed form to: Judith Boss, Assistant Director
Curriculum Affairs
Brown University, Box G-A210
Providence, RI 02912