Student Request for Evaluation

Date: _____

Student Name: _____

SSN/Emplid ID: _____

Plan of Study: _____

Course/s to be Credited: _____

_____

Reason for Credit Award: Select one or more that apply to your situation.

___ previous academic study/college credit *requires official transcript from institution*

___ standardized examination(s) *requires official test scores from testing agency*

___ recognition of industry certifications *attach copy of certificate/license*

___ occupational experience/training *attach documentation*

___ faculty developed examination *attach result with pass/fail indicated by administering faculty*

Student Signature _____ **Date**_____

Qualified Faculty Member Recommendation for Approval of Certifications, Occupational Experience/Training and Faculty-Developed Examinations (Verify Documentation and Assurances of Academic Comparability to Traditional Earned Credits.)

Faculty: _____ Date: _____

\Approved **\Denied** _____ Date _____

Chief Academic Officer or Designee

REGISTRAR USE:

Keyed in By:_____ **Date:** _____

Revised 11/26/2018