

## **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 <i>requires official transcript from institution</i> standardized examination(s) <i>requires official test scores from testing agency</i>			
		recognition of industry certifications attach copy of ce	rtificate/license
		occupational experience/training attach documentatio	n
faculty developed examination attach result with pass/	fail indicated by administering faculty		
Student Signature	Date		
Qualified Faculty Member Recommendation for Appro Occupational Experience/Training and Faculty-Develop Documentation and Assurances of Academic Comparability to Traditional Ear Faculty:	ed Examinations (Verify		
\Approved \Denied	Date		
Chief Academic Officer or Desi	gnee		
REGISTRAR USE:			
Keyed in By:	Date:		