



Student Request for Evaluation

Date: _____ Student Name: _____ EmplID: _____

Plan of Study: _____ Plan Code: _____

Course/s to be Credited:

Subject _____ Catalog Number _____ Credits _____

Subject _____ Catalog Number _____ Credits _____

Subject _____ Catalog Number _____ Credits _____

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

request waiver of SDV credit.; *Student must have an Associate or Bachelors Degree.*

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.*

on the job training/work experience training; *attach documentation from Company representative*

institutional/challenge exam; *attach completed exam pass/fail indicated by administering faculty.*

workforce training; *attach official transcript.*

other _____

Student Signature: _____ Date: _____

Advisor 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 Signature: _____ Date: _____

Approve: Deny:

Chief Academic Officer _____ Date: _____

REGISTRAR USE:

Keyed in by: _____ Date: _____

Revised 10.2.24