



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: _____

Subject _____ Catalog Number: _____ Credits: _____

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- Reason for Credit Award: Select one or more that apply to your situation. (Attach documentation)
 - _____ 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.
 - _____ institutional/challenge exam; attach completed exam pass/fail indicated by administering faculty.
 - _____ workforce training/attach unofficial transcript.
 - _____ other: _____

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: _____

Approve: ____ Deny: ____

Chief Academic Officer or Designee: _____ Date: _____

REGISTRAR USE:

Keyed in by: _____ Date: _____