Application for Evaluation of Official Certifications, Licenses, Diplomas, Prior Learning, and Work Experience for College Credit

This form is available for currently enrolled students pursuing degrees or certificates. Students must be enrolled in UCM coursework during the term credit is requested. Credit will be posted after the add/drop period for the term or after successful completion of coursework below.

_____ _700_____ _____ _____
STUDENT NAME   NUMBER   MAJOR   MINOR

_____@UCMO.EDU___   _____ _____
                                    E-MAIL ADDRESS   PHONE NUMBER

I am requesting evaluation of the following credentials (check one or more)

       Official Certification(s)…….   Granted by   _____

       Licenses(s)………………...   Granted by   _____

       Diploma(s)…………………   Granted by   _____

       Prior Learning……………..   Granted by   _____

___   Work Experience………….   Verified by   _____

Attach verification of each document or experience claimed.

_____ _____
APPLICANT'S SIGNATURE   DATE

CERTIFICATION, LICENSE, DIPLOMA, OR PRIOR LEARNING DESCRIPTIONS OR NUMBER	TITLE	UCM			
		COURSE PREFIX	COURSE NUMBER	TITLE	SEMESTER HOURS

The above college credit will be finally validated after successful completion of the following course or courses (optional):

PREFIX	NUMBER	TITLE	SEM. HRS.	DATE TAKEN	GRADE

Approved:

_____ _____
CHAIR – MAJOR OR MINOR SCHOOL   DATE

_____ _____
DEAN OF COLLEGE   DATE

_____ _____
REGISTRAR   DATE

_____ _____
VICE PROVOST FOR ACADEMIC PROGRAMS AND SERVICES   DATE

When more than one academic unit is involved in the request all affected schools should sign.