

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

STUDENT NAME	NUMBER	MAJOR	MINOR
LOCAL ADDRESS		PHONE NUMBER	

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

<input type="checkbox"/> Official Certification(s).....	Granted by	
<input type="checkbox"/> Licenses(s).....	Granted by	
<input type="checkbox"/> Diploma(s).....	Granted by	
<input type="checkbox"/> Prior Learning.....	Granted by	
<input type="checkbox"/> Work Experience.....	Verified by	

*Attach verification of each document or experience claimed.*

APPLICANT'S SIGNATURE	DATE
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UCM					
CERTIFICATION, LICENSE, DIPLOMA, OR PRIOR LEARNING DESCRIPTIONS OR NUMBER	TITLE	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 DEPARTMENT	DATE
DEAN OF COLLEGE	DATE
VICE PROVOST FOR ACADEMIC PROGRAMS AND SERVICES	DATE

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