

## Request for Credit for Prior Learning

### Part A. To be completed by the student

|                             |  |                         |  |
|-----------------------------|--|-------------------------|--|
| Name: (Last, First, M.I.) → |  |                         |  |
| Street Address:             |  |                         |  |
| City, State, Zip:           |  |                         |  |
| Telephone Number:           |  |                         |  |
| Student Number:             |  | Major and Year:         |  |
| Cumulative UWGB GPA:        |  | Credits earned at UWGB: |  |

### Part B. To be completed by the student

UWGB course(s) for which you are seeking credit

**Part C. To be completed by the reviewing Faculty Member (official reviewer) and Chairperson (final approval). If the Chairperson is the official reviewer, then the Dean needs to sign off for the final approval.**

| Course #                   | Course Name            | # of credits | Approved/ Grade   | # of credits | Course Awarded                   | Faculty Reviewer Signature & Date | Chairperson or Dean Signature & Date |
|----------------------------|------------------------|--------------|---|--------------|----------------------------------|-----------------------------------|--------------------------------------|
| Example:<br>BUS<br>ADM 202 | Business & its Environ | 3            | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br>Grade: _____ | _____        | <input type="checkbox"/> Course: |                                   |                                      |
|                            |                        |              | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br>Grade: _____ | _____        | <input type="checkbox"/> Course: |                                   |                                      |
|                            |                        |              | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br>Grade: _____ | _____        | <input type="checkbox"/> Course: |                                   |                                      |
|                            |                        |              | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br>Grade: _____ | _____        | <input type="checkbox"/> Course: |                                   |                                      |

OFFICE USE ONLY:

Initial Fee: \_\_\_\_\_

Final Fee: \_\_\_\_\_