

Petition for Academic Credit for  
PROFESSIONAL SCHOOLS & TRAINING

The following information is provided for the evaluation of learning outcomes from seminars, workshops, and licenses. Please answer all questions clearly and thoroughly.

Name \_\_\_\_\_ Date \_\_\_\_\_ ID # \_\_\_\_\_

Center \_\_\_\_\_ Major \_\_\_\_\_ Group # \_\_\_\_\_

Title of seminar, license, etc. \_\_\_\_\_

Agency providing training \_\_\_\_\_

Date(s) attended \_\_\_\_\_ Number of hours \_\_\_\_\_ CEU recommendation (if any) \_\_\_\_\_

Was exam or test required? \_\_\_\_\_ Yes \_\_\_\_\_ No Was a license issued? \_\_\_\_\_ Yes \_\_\_\_\_ No

Number of Credits Requested \_\_\_\_\_ Requesting Gen Ed \_\_\_\_\_ Yes \_\_\_\_\_ No

Submitting for the nursing major related requirement \_\_\_\_\_ Yes \_\_\_\_\_ No

Below for University Use Only

Department and Course #: \_\_\_\_\_

Course Title/Subject Area:  
\_\_\_\_\_

\_\_\_\_\_ Return for Rework:

# Credits Recommended: \_\_\_\_\_

\_\_\_\_\_ Upper Level      \_\_\_\_\_ Lower Level

COMMENTS:

Evaluation Rating Scale	Poor	Fair	Average	Good	Superior
Question 1	1	2	3	4	5
Question 2	1	2	3	4	5
Question 3	1	2	3	4	5
Question 4	1	2	3	4	5
General Characteristics	1	2	3	4	5

\_\_\_\_\_  
University Evaluator's Signature Date

Meets General Education Requirement: \_\_\_\_\_ Yes \_\_\_\_\_ No

Meets Nursing Major Related Requirement: \_\_\_\_\_ Yes \_\_\_\_\_ No

\_\_\_\_\_  
Registrar's Approval Date