

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