

Rewrite ☐

Petition for Academic Credit for Prior Learning

Name: _____ ID Number: _____

Major: _____ Center: _____ Group Number: _____

Department & Course #: _____ Paper Topic: _____

Credits Requested: _____ Needed for Gen Ed Require. ____ Yes ____ No For Nursing Req ____ Yes ____ No

Write a brief statement below to include your learning experiences and learning outcomes.

Student Signature _____ Date _____ Academic Advisor _____ Date _____

Below for University Use Only

Department & Course #: _____

Course Title/Subject Area: _____

Return for Rework: ☐

Number of Credits Recommended : _____

☐ Upper Level ☐ Lower Level

COMMENTS:

Rating Scale	Poor	Fair	Average	Good	Superior
1. Concrete Experience	1	2	3	4	5
2. Reflective Observation	1	2	3	4	5
3. Abstract Concepts	1	2	3	4	5
4. Active Experimentation	1	2	3	4	5
5. General Characteristics	1	2	3	4	5

Evaluator's Signature _____ Date _____

Meets General Education Requirements: ☐ Yes ☐ No

Meets Nursing Major Related Requirements: ☐ Yes ☐ No

Registrar's Approval _____ Date _____