

# PRIOR LEARNING CREDIT REQUEST

PLEASE PRINT OR TYPE ALL OF THE FOLLOWING INFORMATION

The student listed below has requested Prior Learning Credit (PLC) to be awarded. Please evaluate the attached documentation to determine possible major-specific credit(s) that can be granted.

Name: \_\_\_\_\_ I.D./S.S. No. \_\_\_\_\_

Current Declared Major: \_\_\_\_\_

Type of Prior Learning Credit:

Articulated Credit    Portfolio Evaluation    Prof. Certification    Military Training

Other: \_\_\_\_\_

UACCM Course ID	UACCM Course Title	Credit Hours

Based on the documentation submitted, the student is not eligible for Prior Learning Credit.

Briefly give reason for denial of Prior Learning Credits: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 (Division Chair) Date: \_\_\_\_\_

\_\_\_\_\_  
 (Vice Chancellor for Academic Services) Date: \_\_\_\_\_

After approval, please submit to the Registrar's Office.

<b>Registrar's Office Use Only</b> Date Credit Posted: _____
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REGISTRAR'S OFFICE

1537 University Boulevard, Morrilton, AR 72110 | (501) 977-2052 | 1-800-264-1094 | Fax: (501) 354-7567 | www.uaccm.edu

