



PRIOR LEARNING CREDIT REQUEST

Please print or type all of the following information

REGISTRAR'S OFFICE

1537 University blvd.
Morrilton, AR 72110

(501) 977-2052
1-800-264-1094
Fax: (501) 354-7566

www.uaccm.edu

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: _____ **Student ID No.:** _____
(Last Name) (First Name)

Current Declared Major: _____

Type of Prior Learning Credit

Articulated Credit Portfolio Evaluation Professional Certification Military Training

Other: _____

| UACCM Course ID | UACCM Course Title | Credit Hours |
|-----------------|--------------------|--------------|
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By signing this form I agree that the transcription fees for Prior Learning Credit charged may be deducted from my financial aid award for the term selected above. I understand that I am responsible for these charges if I do not have financial aid to cover them. I will owe any balance to UACCM, and a hold will be put on my account until the balance is paid.

Signature: _____ **Date:** _____
(Student)

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

Reason for Denial of Prior Learning Credits: _____

Signature: _____ **Date:** _____
(Dean)

Signature: _____ **Date:** _____
(Vice Chancellor for Academic Affairs)

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Date Credit Posted: _____