

Credit for Prior Learning Request Form

Steps to complete:

- 1. Complete this form with your Academic Advisor.
- 2. Collect all relevant documents for review.
- 3. Please email the completed form along with all relevant documents to articulation@arizona.edu

Student ID:	<u> </u>
Student Last Name:	Student First Name:
College:	
Major:	_ Minor:
In the spaces below, list the prior learning experie	nce for which you are requesting credit.
Section below to be completed by Academic Ad	dvisor Only
Please indicate the number of elective credit units	s the student may complete with credit for prior learning (up to 6
units):	
Academic Advisor Approval:	Date:
Please allow 2 to 4 weeks for review by departmer	nt faculty. You will be notified of the evaluation decision by official
· · · · · · · · · · · · · · · · · · ·	m does not guarantee approval of credit. Per policy, only 6 units
(lower division, general elective) may be used tow	ard a bachelor's degree. If you have already been awarded credit
for prior learning, you may not be eligible for addit	ional credit.
For Transfer Credit Evaluation use only	

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Materials submitted by student:

Content Breakdown of hours for content

Learning Objectives Complete list of textbooks, readings, etc.

Assessment/evaluation methods Document verifying completion of program/certificate

Schedule of Topics covered, including number of hours per topic

Evaluation Decision

Number of units: Approved for Credit Not Approved for Credit Max credit limit reached