

Credit for Prior Learning Request Form

- 1. Complete this form with your Academic Advisor.
- 2. Collect all relevant documents for review.
- 3. Bring completed form and all documents to the Beal Center or email form with all documents attached to articulation@email.arizona.edu.

Student ID	Student Last Name		Student Fir	st Name
College	Major		Minor	
In the space below, I	list the prior learning experience fo	r which	you are requesting cro	edit.
	completed by Academic Advisor Conumber of elective credit units the	-	may complete with cr	edit for prior learning (up
Academic Advisor A	pproval		Date	
UA email. Completic division, general ele	veeks for review by department fac on of this form does not guarantee ctive) may be used toward a bache ou may not be eligible for additiona	approva lor's de	al of credit. Per policy,	only 6 units (lower
	ticulation Office Use Only nitted by student:			
□ Cont	-	□ Br	eakdown of hours for cont	ent
	ning Objectives		mplete List of textbooks, i	_
	essment/evaluation methods		ocument verifying complet	ion of program/certificate
	edule of topics covered, including number ours per topic			
Evaluation Deci				
	er of units: Approved for Credit	Not	Annroved for Credit	Max credit limit reached

TCA 01/09/2018