



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.

REGISTRAR'S OFFICE

1537 University blvd.
Morrilton, AR 72110

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

www.uaccm.edu

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

Current Declared Major: _____

Name of Advisor: _____

Type of Prior Learning Credit

Articulated Credit Portfolio Evaluation Professional Certification Military Training

Other: _____

UACCM Course ID	UACCM Course Title	Credit Hours

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)

OFFICIAL USE ONLY

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)

REGISTRAR'S OFFICE USE ONLY

Date Credit Posted: _____