Certified Prior Learning – Credit Request

Student Name ____________________________________________  Student ID __________________
Major ___________________________  Academic Advisor ____________________________

I request that Northwest University (NU) assess for college credit the training and certifications listed below. The materials contained in this request are accurate and true to the best of my knowledge, and I authorize NU to verify any details necessary in the process of assessment.

Signature _____________________________________________ Date ______________________

Authorization: ACE, PONSI, Professor, State of WA, etc.

Type of Training/Certificate (Copy must be attached for review):

Comments:

Amount of credit requested: ________

Equivalent NU or other accredited college course:_______________________________________

Office of the Provost/Office of Extended Education _________________________________   Date ____/_____/_____
Content Evaluator _______________________________________________________________   Date ____/_____/_____
(Signature indicates agreement that the content of the course listed is equivalent to college-level learning.)
Divisional Dean ________________________________________________________________   Date ____/_____/_____
Registrar ___/_____/_____

Lower division credits granted ____________
Upper division credits granted ____________