

## **CERTIFIED LEARNING CREDIT**

#### Office of the Registrar 907-474-6300 • 877-474-6046 uaf-registrar@alaska.edu

### CERTIFICATE NEEDING FACULTY REVIEW

Admitted, degree-seeking UAF students may receive nontraditional credit by submitting a copy of a certificate/license for review by the appropriate department chair and approval by the corresponding dean.

UAF does not guarantee transferability to other institutions.

#### Please note:

- Credits awarded will not be calculated in your GPA
- Credits awarded are not considered residence credit
- Credit is only awarded for current and valid certificates

Submit only the certificates that potentially have credits that will work for you. Excess credits that do not fulfill degree requirements can have negative impacts on your financial aid eligibility.

Please submit a separate form for each certificate you are submitting.

Section 1: Certificate Evaluation Request					
Student Name:	UA ID#:				
Email:	Phone:				
I have earned/successfully passed		and I am			
requesting the associated academic department chair, please review it to determine if and what credit					
should be awarded. I have included a copy of the certificate/license with this request.					
I request to have any approved nontraditional credit permanently documented on my UAF transcript. I					
acknowledge this action cannot be reversed for any reaso	n.				
Student Signature		Date			



# **CERTIFIED LEARNING CREDIT**

## **CERTIFICATE NEEDING FACULTY REVIEW**

Office of the Registrar 907-474-6300 • 877-474-6046 uaf-registrar@alaska.edu

Section 2: Academic Advisor Ac	knowledgement of	Request	
The student and I have met to dis	scuss their academi	c goals and this request alig	ns with their goals.
Advisor Printed Name	Advisor Signature		Date
Section 3: Certificate Evaluation	า		
The certificate/license presented:			
is equivalent to the following cour	rses at the Universit	cy of Alaska Fairbanks:	
UAF Course* (prefix & number)	Credits	UAF Course* (prefix & number)	Credits
*UAF course can be a direct equiva	llent (e.g. ENGL F218	or an elective (e.g. ENGL F2)	
Dept. Chair Printed Name	De	ept. Chair Signature	Date
Section 4: Dean Review			
I have reviewed this request and	I: approve it	deny it	
Date	Dean Printed Nam	ne I	Dean Signature