



## REGISTRAR'S OFFICE

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# 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.

**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:** \_\_\_\_\_