



## Credit Awarded

Student Name: \_\_\_\_\_

Student EMPLID: \_\_\_\_\_

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Awarded Course number: \_\_\_\_\_

Credit Hours: \_\_\_\_\_

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- Articulated
- Course Experience
- Life Experience Credit
- Test / Industry Certification (does not require Dean's signature)
- Work Experience / Industry Licensing (does not require Dean's signature)

**Required:** Attach documentation from faculty to demonstrate the course competencies are satisfied.

**Notes:**

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Advisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Dean Signature: \_\_\_\_\_

Date: \_\_\_\_\_