Request to Convert Professional Learning into Graduate Degree Credit

Student Name:	G Number:
Graduate Program:	Email:
Student Signature:	
The semester and year you anticipate completing your program:	
The semester and year you anticipate completing your program.	
Approval of the Graduate Program Director:	
Student has satisfied the request to convert professional learning credit into Graduate Degree Credit:	
☐Yes, student will receive credit (CR).	□No, the student will not receive credit (NC).
	(
If yes, the student satisfied the request to convert professional learning into graduate degree credit by:	
□ Challenge Exam Brief Description (no more than 150 words):	
Chancinge Exam Brief Description (no more than 150 words).	
☐ Individualized Assessment Brief Description (no more than 150 words):	
_ mair tassiles i issessificiti peseripriori (no more than 150 words).	
☐ Student will receive credit hours of 697.	
Student win receive credit nours or 077.	
Graduate Program Director (print name):	Signature of Graduate Program Director:
Graduate Program Director (print name).	Signature of Graduate Program Director.
If the request is not approved , please provide a justification:	
Approval of the Unit Head:	☐ Approved
F.F.	☐ Not Approved
Unit Head (print name):	Signature of Unit Head:
om nead (print name).	Signature of Ollit Head.
Please note there will be a \$250 fee for evaluating the materials.	
Please email the electronic document for final review to: bergerut@gvsu.edu.	
Sent to the Office of the Registrar on	by The Graduate School.