TEXAS WOMAN'S

Undergraduate Education CREDIT FOR PRIOR LEARNING Business, Industry, or Government Certifications and Examinations Application Form

Student Information			
First Name:		Last Name:	
Student ID#:		Date of Birth:	
Phone:		Email:	
Date:		Signature:	
Request for Review of CPL for Business, Industry, or Government Certifications/Examinations (Attach the necessary documentation to this form and send it via email to your academic component administrator. Requests will be reviewed by the academic component administrator.)			
Certification/ Credential Name		Exam Name:	
Academic Component Administrator and College Dean Use Only			
Course Prefixes and Numbers			Total number of credits to be awarded via CPL
Academic Comp	onent Administrator Approval	Yes	No
Academic Component Administrator Signature or Designee			
College Dean Signature or Designee			
Submit this form to <u>registar@twu.edu</u> and <u>evaluation@twu.edu</u> . Subject line CPL Business, Industry, Government			
Official Use Only			
Received by:		Date Processed:	