



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 reason.

Student Signature

Date



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

CERTIFIED LEARNING CREDIT

CERTIFICATE NEEDING FACULTY REVIEW

Section 2: Academic Advisor Acknowledgement of Request

The student and I have met to discuss their academic goals and this request aligns with their goals.

Advisor Printed Name

Advisor Signature

Date

Section 3: Certificate Evaluation

The certificate/license presented: _____

is equivalent to the following courses at the University of Alaska Fairbanks:

UAF Course* (prefix & number)	Credits	UAF Course* (prefix & number)	Credits

*UAF course can be a direct equivalent (e.g. ENGL F218) or an elective (e.g. ENGL F2)

Dept. Chair Printed Name

Dept. Chair Signature

Date

Section 4: Dean Review

I have reviewed this request and I: ☐ approve it ☐ deny it

Date

Dean Printed Name

Dean Signature