**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:** | |

**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): |
| Individualized Assessment Brief Description (no more than 150 words): |
| **Student will receive** X **credit hours of** XXX **697**. |

|  |  |
| --- | --- |
| 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  Not Approved |
| Unit Head (print name): | Signature of Unit Head: |

**Please submit completed forms electronically to The Graduate School at** [**gradschool@gvsu.edu**](mailto:gradschool@gvsu.edu)**.**

Sent to the Office of the Registrar on xx/xx/xxxx by The Graduate School.