**Request to Convert Professional Learning into Graduate Degree Credit**

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| **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:

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| --- | --- |
| [ ] 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**.  |

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| Graduate Program Director (print name): | Signature of Graduate Program Director: |
| If the request **is not approved**, please provide a justification: |

|  |  |
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| **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****.**

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