Application for Advanced Standing Credit

In order for advanced standing credit applications to be considered, the following listed criteria must be met for each type of prior learning experience.

Academic Coursework
Each course considered must meet all of the following, unless otherwise stated in an institutional agreement.

- Official transcript documenting successful completion of course(s).
- Course syllabi or copy of course catalog with course description.
- Course is a professional or graduate level course from a U.S. Department of Education Institutional Accreditor. Graduates of non-US accredited universities may need transcript/syllabi review by a recognized external agency and/or program-administered testing to establish equivalency. See program-specific requirements in catalog.
- Course meets the defined goals and objectives of a specific course being offered by ATSU.
- Student earned a minimum of a B in the course.
- Course was taken no more than 7 years prior to the advanced standing credit application completion date.
- Course must be equivalent to or greater than the amount of credit assigned to the specified ATSU course.

Other Courses or Programs

- Continuing education course/seminar/program descriptions, proof of completion and certification awarded.

Work Experience

- Letter from employer(s) specifying nature and extent of program-related work experiences.

The appropriate ATSU program director will review the application and make a determination within 30 days of receiving the completed application packet. Once a decision is made by the program director, the application and all accompanying materials will be forwarded to the Enrollment Services Office for final review. Once signed and approved by the Enrollment Services Office, the advanced standing credit will be processed.

Student Name & ID_____ Date _____

ADVANCED CREDIT IS REQUESTED FOR THE FOLLOWING COURSE(S) (Number and Title)	Approved or Denied

Official Use Only:

*Program Chair Signature:*_____ *Date:*_____

*Enrollment Services Signature:*_____ *Date:*_____