UNIVERSITY OF PRINCE EDWARD ISLAND
Charlottetown, PE
SPECIAL CREDITS

PLEASE PRINT ALL INFORMATION

NAME _____ _____ _____
(Surname) **(First)** **(Middle)**

STUDENT ID# _____ **PHONE # ( )** _____

ADDRESS _____

_____

Degree being taken at UPEI _____ **Year of Study: First Second Third Fourth**

Date: _____ **Signature:** _____

NAME OF CREDENTIAL: _____

NAME OF ISSUING AGENCY _____

CREDIT SOUGHT:

☐ **UPEI course(s)** _____

MATERIAL INCLUDED:

☐ **Information about the agency that offered the course or program, including the qualifications of the instructors**

☐ **A copy of the certificate or credential earned**

☐ **Course outlines and related materials**

☐ **Copies of tests and assignments**

Fee of $100 per assessment. Fee Paid _____ **Received by** _____

The Department has reviewed the materials presented by the above-named student for the credit indicated.

☐ **The Department recommends that the University recognize this credential for UPEI academic credit as the following:** _____

☐ **The Department recommends that the University <u>not</u> recognize this credential for UPEI academic credit.**

Date _____ **Dean** _____