



UNIVERSITY
of Prince Edward
ISLAND

**SPECIAL CREDITS APPLICATION
OFFICE OF THE REGISTRAR**

NAME _____

(Last)

(First)

(Middle)

STUDENT ID# _____ PHONE # _____

EMAIL _____

ADDRESS _____

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

NAME OF CREDENTIAL _____

NAME OF ISSUING AGENCY _____

EQUIVALENT UPEI CREDIT _____

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

I am aware the assessment fee is non-refundable as per Academic Regulation #16 – Special Credits

DATE _____ STUDENT SIGNATURE _____

~ Office use only ~

Fee: \$320 per assessment Method of Payment _____ 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 Department recommends that the University not recognize this credential for UPEI academic credit.

DATE _____ DEAN'S SIGNATURE _____