

ENMU RUIDOSO

The Occupational Safety and Health Technology Department Application Credit for Prior Learning

Please print all information.

Student Name:

(Last) (First) (Middle)

Mailing Address:

(Street and Number) (City and State) (Zip Code)

(Phone Number) (Student ID Number)

Course for which credit is being sought:

(Department) (Course Number) (Title of Course) (Credit Hours)

Please answer the following question:

Have you accumulated a number of semester hours at ENMU-Ruidoso that is equal to or greater than the number of hours for which you seek credit? Yes No

I have been given a copy of the Departmental Advanced standing Procedures and have read the material in its entirety. I understand and accept all regulations and procedures.

Signature of Student (Date)

Faculty Occupational Safety and Health Technology (Date)

Cashier (Date)

Register (Date)

Verification for advance credit attached: