UNIVERSITY OF ARKANSAS AT MONTICELLO
APPLICATION FOR CORRESPONDENCE COURSE CREDIT

The maximum correspondence credit accepted is 15 semester hours. All students enrolled at the University of Arkansas at Monticello who pursue correspondence work must have prior approval of their academic advisor, academic unit head, and the Vice Chancellor for Academic Affairs. Students planning to complete teacher certification in the major and/or minor must also have approval of the Dean of the School of Education. Correspondence credit may not be taken when the same course is offered on campus, except in the case of absolute conflicts and with the permission of the Vice Chancellor for Academic Affairs.

Correspondence credit will not be used to satisfy General Education requirements, and some specific courses must be taken in residence. The institution sponsoring the correspondence course must provide the University with an official transcript. ***Credit will not be granted unless the grade for the correspondence work is a "C" or better.***

Please complete the entries below by typing or printing clearly in ink:

Name of Student _____ ID #_____

Major _____ Minor _____

Teaching certification area(s) if applicable _____

School offering the correspondence work _____

Number and title of correspondence course _____

Equivalent UAM course number and title _____

Student Signature:
By signing below, I understand that the test(s) for the correspondence course must be taken either at the University of Arkansas at Monticello Testing Center or at the institution offering the correspondence work. If this procedure is not followed, the University may refuse to accept the hours for credit.

_____ _____
Student Date

Approved by:

_____ _____
Academic Advisor Date

_____ _____
Academic Unit Head Date

_____ _____
Dean, School of Education (if applicable) Date

_____ _____
Vice Chancellor for Academic Affairs Date

Original to: Registrar Copy to: ___Student ___Academic Advisor ___Director of Testing Center

FOR OFFICE USE ONLY:

Date Received by Registrar: _____

Date Distributed: _____

Date Scanned: _____

Scanned by: _____

Test(s) completed in UAM Testing Center confirmed by: _____

Date: _____

Revised 08/2007