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