



CREDIT EQUIVALENCY APPLICATION

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Name: _____
Last First Middle Initial

Subject Code: _____

Course Number: _____

Course Name: _____

Credit Hours: _____

Type of Credit:

Board of Governors Portfolio:

Credit by Examination:

Experiential Learning Portfolio:

Standardized Credit:

Other:

If you selected "Other", please explain:

Student: _____ Date: _____

Evaluator/Instructor: _____ Approved: Denied: Date: _____

Department Chair: _____ Approved: Denied: Date: _____

Division Dean: _____ Approved: Denied: Date: _____

CASHIER USE ONLY (if applicable)

EXAMINATION/EVALUATION FEE: \$ _____	POSTING FEE: \$ _____	TOTAL FEE: \$ _____	PAID: <input type="checkbox"/>
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Cashier: _____ Date: _____

NOTE: Please contact cashier@bridgevalley.edu for more information regarding types of credit and associated fees. All fees must be paid prior to the posting of credit.