



DEPARTMENT OF INFORMATION SCIENCE
 DONAGHEY COLLEGE OF SCIENCE, TECHNOLOGY, ENGINEERING, AND MATHEMATICS
 UNIVERSITY OF ARKANSAS AT LITTLE ROCK

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<https://ualr.edu/informationscience>

Name: _____
 Address: _____
 Academic Major: Information Science

T#: T00 _____
 Telephone: _____
 Advisor: Elizabeth Pierce

- Credit for Compressed Course/Program:
 - Include detailed explanation of request and summary of relevant course/program documentation
 - Attach certificate/record of training and description of course of study
- Credit for Training/Certification:
 - Include detailed explanation of request and attach copy of transcript.
 - Attach certificate/record of training and description of course of study
- Credit for Work Experience –
 - Include letter explaining request and summary of work experience (See Resume)
 - Attach detailed summary of activities, including:
 - Letters from employer confirming work experience
 - Relevant examples of work

Did information available support request for credit?

Did interview support request for credit?:

Comments:

Course Number	Course Title	Credit Hrs Awarded

Review Committee Chair: _____ Advisor: _____

Department Chairperson: _____ Date: _____

Dean: _____ Date: _____

Copy: Department / Dean's Office / Records