



OFFICE OF RECORDS AND REGISTRATION

Phone: (501) 569-3110
Fax: (501) 569-8168
Email: records@ualr.edu
2801 South University Avenue
Little Rock, AR 72204

Request to Receive Credit for Technical or Military Credit

Complete this form and return it to the Office of Records and Registration

To Be Completed by Student (please print):

Student's name: \_\_\_\_\_

Student ID: \_\_\_\_\_ UA Little Rock Major: \_\_\_\_\_

Advisor's Name: \_\_\_\_\_

Check one of the following options:

I request to have ALL eligible\* technical or military credit from the following institution(s) posted on my UALR academic record. \*UALR accepts credit from regionally accredited institutions and military credit that is recommended for college credit by the American Council on Education.

(1) \_\_\_\_\_ (2) \_\_\_\_\_

(3) \_\_\_\_\_ (4) \_\_\_\_\_

I request to have the eligible\* technical or military course credit listed on page 2 of this form posted on my academic record at UA Little Rock.

By submitting this form I request to have the eligible transfer credit specified on this form to be posted to my academic credit at UA Little Rock. I understand that having technical and military credit posted to my UA Little Rock academic record does not guarantee it will meet degree program requirements, and that may cause me to accumulate total earned hours that could result in the loss of financial aid or scholarships for which I may be eligible now or in the future. I understand that the courses I am requesting to be posted on my UALR academic record will not be removed once they are posted even if I change my major and the courses do not meet the program requirements of the new major.

Student's signature: \_\_\_\_\_ Date \_\_\_\_\_

Advisor's signature: \_\_\_\_\_ Date \_\_\_\_\_

Note to Advisor: An Individual Course Adjustment (IDA) must be submitted after the courses have been posted in order for this course to count toward the student's degree requirements.

Student's Name: \_\_\_\_\_ T# \_\_\_\_\_

Enter information for which transfer is requested. Please print clearly.

Name of Institution Where Credit Was Earned:

(1) \_\_\_\_\_ (2) \_\_\_\_\_

(3) \_\_\_\_\_ (4) \_\_\_\_\_

Institution No.  
(above)

Course No. Course Title:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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Office Use Only:

TCA: \_\_\_\_\_

Date: \_\_\_\_\_

Admissions: \_\_\_\_\_

Date: \_\_\_\_\_

Financial Aid: \_\_\_\_\_

Date: \_\_\_\_\_