



## APPLICATION FOR ADVANCED CREDIT

Student Name: \_\_\_\_\_ Banner ID#: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_

I am registered at Utica College for 10 or more academic hours. I hereby apply for permission to complete work for advanced credit, as described below, in (Course Number and Title): \_\_\_\_\_

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

To receive \_\_\_\_\_ hours of credit for \_\_\_\_\_ (Course #) this student must: \_\_\_\_\_

\_\_\_\_\_  
Instructor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Academic School Dean Signature

\_\_\_\_\_  
Date

This certifies that the above-named student has paid the necessary fee for supervision and evaluation of the work for advanced credit.

\_\_\_\_\_  
Student Financial Services Signature

\_\_\_\_\_  
Date

This certifies that the above-named student has fulfilled the requirements shown and upon payment as stated in the College Catalog, is entitled to \_\_\_\_\_ hours of credit in \_\_\_\_\_ with a grade of \_\_\_\_\_. Written evidence, description, and evaluation of their performance, with copy of examination, is on written file in my Academic School Office.

\_\_\_\_\_  
Instructor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Academic School Dean Signature

\_\_\_\_\_  
Date

Once all signatures are procured and the required tuition is paid, please submit this form to the Office of the Registrar for processing.

**OFFICE OF THE REGISTRAR**  
1600 Burrstone Road, 121a White Hall  
Utica, NY 13502-4892  
(315) 792-3195 ♦ (315) 792-3020 (fax)