



REQUEST FOR CREDIT BY LICENSURE / CERTIFICATION

Laurel Ridge Records · 173 Skirmisher Ln · Middletown, VA 22645
Telephone: 540-868-7105 Email: Records@laurelridge.edu Fax: 540-868-7005

Student ID: _____ Date of Birth: _____

Student Name Last: _____ First: _____ Former: _____

Address: _____

City: _____ State: _____ Zip Code: _____

My Planned Program(s) of Study: _____

Student Signature: _____ VCCS Email: _____@email.vccs.edu

I voluntarily consent to the use of an electronic record of my Laurel Ridge student file. I acknowledge that, by logging into the MyLaurelRidge system with my unique credentials and emailing from my @email.vccs.edu account to provide Laurel Ridge with this data, I have given my electronic signature which has the same legal and binding effect as a "wet" or handwritten signature.

Student must attach a copy of the official credential for evaluation. If the submitted credential is not in the Credit for Prior Learning Guide, faculty or dean will evaluate for possible transfer credit. When official copies have been received credential(s) will be evaluated and student will be notified via their VCCS email account.

Please check one:

- This credential is pre-approved credit as listed in Laurel Ridge's [Credit for Prior Learning Guide](#).
- This credential has not been pre-approved for transfer credit and I request that it be evaluated by faculty and/or the dean.

Credential Information	Accepted Laurel Ridge Equivalent			
Credential Name	Course Prefix	Course Number	Laurel Ridge Course Name	Credits

Total Credits Awarded: _____

Notes: _____

Faculty Signature: _____ Date: _____

If Division Dean approval is needed: Approved Not Approved Documentation Attached

Dean Signature _____ Date _____

For office use only

Electronic signature verified by: _____ Processed by: _____ Date: _____