

OFFICE USE ONLY: Application #1: \_\_\_\_\_ #2: \_\_\_\_\_ #3: \_\_\_\_\_  
Application Fee Paid: \_\_\_\_\_ Per Credit Fee Paid: \_\_\_\_\_

**CENTER FOR ALTERNATIVE STUDIES AND EDUCATIONAL TESTING  
NORTH SHORE COMMUNITY COLLEGE**

**EVALUATION CREDIT BY CERTIFICATE/LICENSE  
SPECIAL APPLICATION**

Student \_\_\_\_\_ Date \_\_\_\_\_  
last first m.i.

Address \_\_\_\_\_ Tel.# \_\_\_\_\_

S.S.# \_\_\_\_\_ NSCC Program of Study \_\_\_\_\_

1. Name of organization sponsoring/conducting educational program:  
\_\_\_\_\_

2. Title of non-collegiate training/educational program:  
\_\_\_\_\_

3. Documentation submitted (program/course description, catalogue, licenses, outlines, certificates, syllabi): \_\_\_\_\_

4. Evaluating Department: \_\_\_\_\_

5. Approval:  
NSCC Course Number/Title: \_\_\_\_\_

# Credits: \_\_\_\_\_

6. Non-Approval:
- a. Insufficient information supplied for evaluation. \_\_\_\_\_  
Please forward additional information as follows: \_\_\_\_\_
  - b. Program has been found to be below the standards of college-level learning at NSCC \_\_\_\_\_
  - c. Program has been found to be outside the scope of the current curriculum at NSCC \_\_\_\_\_
  - d. Other \_\_\_\_\_

\_\_\_\_\_  
Student Date

\_\_\_\_\_  
Department Chair Date

\_\_\_\_\_  
Coordinator, Alternative Studies Date

\_\_\_\_\_  
Dean of Division Date

\_\_\_\_\_  
Vice President of Academic Affairs or Designee Date

\_\_\_\_\_  
Director, CAS